DOCUMENT RESUME

ED 121 461 PS 008 521

TITLE	State Services in Child Development: Regional Conference Highlights, Spring 1975. Report No. 75. Early Childhood Report No. 14.
INSTITUTION	Education Commission of the States, Denver, Colo.
PUB DATE	Nov 75
NOTE	45p.; Report of the Education Commission of the States Early Childhood Project; Other Project reports are ED 063 996, 067 145, 072 865, 076 227, 077 552, 096 559, 110 161, 115 371, 119 834, 119 846
AVAILABLE FROM	Education Commission of the States, 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80203 (Paper, $1.00)
EDRS PRICE	MF-$0.83 HC-$2.06 Plus Postage
DESCRIPTORS	Certification; *Child Abuse; Child Welfare; *Conference Reports; *Day Care Services; Exceptional Children; Federal Government; *Government Role; *Needs Assessment; Program Planning; Quality Control; Speeches; State Government; State Standards
IDENTIFIERS	*Education Commission of the States; Project Head Start

ABSTRACT

This report includes highlights of three regional ECS Early Childhood Project conferences which dealt with needs assessment and planning, child abuse, and day care services. Participants were individuals from state government concerned with planning and delivery services to young children and their families. Needs assessment and planning was discussed the first day of each conference: the needs assessment process; "diversified" and "citizens" approaches to needs assessment; problems and challenges in needs assessment; and problems in classifying handicapped children and delivering programs to them. Speakers during the second conference day focused on child abuse: the need for and form of a model child abuse reporting law and various methods of detecting and dealing with child abuse problems. Day care issues were considered on the third conference day, including: inadequacies in existing licensing practices; practical requirements of good day care licensing systems; distinctions between minimum and quality licensing standards; and variations in the delivery of child care services. The present and future roles of federal and state governments were reviewed and analyzed with reference to these conferences topics. (ED)

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STATE SERVICES IN CHILD DEVELOPMENT

REGIONAL CONFERENCE HIGHLIGHTS

SPRING 1975

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Education Commission of the States
Report No. 75
Early Childhood Report No. 14

November 1975

2

STATE SERVICES IN CHILD DEVELOPMENT

- **Needs Assessment and Planning**
- **Child Abuse**
- **Day Care Issues**

The fourteenth report of
The Education Commission of the States
Early Childhood Project

Education Commission of the States
Denver, Colorado 80203
Wendell H. Pierce, Executive Director

November 1975

Additional copies of this report may be obtained for $1.00 from the Education Commission of the States, 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80203, (303) 893-5200

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INTRODUCTION

During the early months of 1975, the ECS Early Childhood Project sponsored regional conferences in Albuquerque, New Mexico, February 3-5; in Atlanta, Georgia, March 3-5; and in Philadelphia, Pennsylvania, April 1-3. Each of the three-day conferences was attended by individuals from 10 states and each dealt with needs assessment and planning, child abuse and day care.

Primarily, the participants were individuals from state governments concerned with planning and delivering services to young children and their families. The level of expertise they brought with them resulted in meaningful discussions and exchanges that richly supplemented the conference agenda.

The discussion of needs assessment and planning on the first day of the conferences was included on the program because of its primary importance in the development of effective service delivery systems at the state level. In response to the growing demand for information in this area, the early childhood project published *Early Childhood Planning in the States: A Handbook for Gathering Data and Assessing Needs*, ECS Report No. 32. A sequel, *Assessing Children's Needs in Three States: North Carolina, Texas and Idaho*, will be published early in 1976. The information contained in this report provides an overview of the needs assessment/planning process. More detailed information is available in the two publications cited above.

During the past few years, child abuse has clearly become a major source of concern and activity. Most states have recently updated or reviewed their child abuse statutes. Much of the current activity was stimulated by the enactment of a new federal law, the Child Abuse Prevention and Treatment Act, that provides funds for state programs to combat child abuse and neglect.

Brian Fraser, staff attorney for the National Center for the Prevention and Treatment of Child Abuse and Neglect in Denver, recently developed model legislation for states designed to bring them into compliance with

the federal law (*Child Abuse and Neglect: Model Legislation for the States*, ECS Report No. 71). His legal perspective, the expertise of a pediatrician and a social worker, and the remarks of one of the major actors at the federal level, provided the content for the second day of the conferences.

The third day dealt with day care issues—also a major area of concern at the state level. A recent (July 1975) ECS survey, *Day Care Licensing Policies and Practices*, ECS Report No. 72, shows that 35 states made substantial changes in their licensing statutes between 1971 and 1975 while, in the area of revising regulations, "40 out of 50 states and 2 metropolitan areas are in some state of the review process and expect new sets of regulations within the next year." The speakers on the third day commented on day care licensing laws and regulations, their potential for protecting children and families and the practical aspects of implementation.

This report, containing edited speeches of workshop leaders and keynote speakers, is an attempt to capture, at least in part, information that has long-range value for policy making in early childhood. It includes only the highlights of the conferences, leaving unrecorded the exchanges between individuals that contributed so much to the success of the conferences.

Utah Governor Calvin Rampton, former chairman of the ECS Early Childhood Task Force, prefaced an earlier report on a December 1972 ECS early childhood conference as follows: ". . . perhaps the most significant outcomes of the meeting were the dedication, dialogue and commitment to the reevaluation of objectives and procedures which the conferences witnessed and engendered. The Education Commission of the States is determined that that momentum will not terminate with this report."

The presentations at the 1975 spring conferences affirm that the momentum in the states has not only increased—it has taken on direction and has become increasingly purposeful and sophisticated. The capacity of the states to plan and provide services for young children and their families is clearly on the rise.

ECS has also greatly expanded its efforts in early childhood. There are three major early childhood projects rather than one: the child abuse project, the developmental continuity project and the original early childhood project. The early childhood project, now in its fifth year of funding under a grant from the federal Office of Child Development, has as its chairman New Mexico Governor Jerry Apodaca. Governor Apodaca, who will become chairman of ECS in May 1976, stated at the regional conference held in Albuquerque—"I don't like to be a part of any organization, and never have, if I feel that I can't contribute." His contributions have indeed been felt and hold great promise for the future.

I. Needs Assessment and Planning

The first day of each conference was devoted to needs assessment and planning—the process of determining what programs and services are actually needed by young children and their families. First to speak was Irving Lazar, chairman of Cornell University's department of community service education. Dr. Lazar started the day's discussions by taking a critical look at the needs assessment process itself.

Over the last quarter of a century I've conducted a fair number of needs surveys in a wide variety of communities. I did the surveys carefully and each time I amassed a mighty mountain of information.

In the course of time, I tried various ways of organizing the task: I involved community people in developing, conducting and interpreting the data; I had community boards that decided which priorities could be set from the data; I involved recipients and influentials, consumers and providers of services; and I went to elaborate lengths to insure that I had good samples and the right statistical techniques.

I did all this because I really believed that if I provided objective information, decision makers would thereupon act in a rational manner. It finally sunk into me that the only time rational decisions were made for rational reasons was when the issue was both noncontroversial and unimportant. Since services to people are controversial, I found that the only times that the rational priorities that emerged from my objective needs data got implemented were those few times when I controlled the money for implementation.

First and foremost among my several heresies is the belief that we don't need to do a needs analysis for the purpose of finding out what services are in short supply or what services children need. To my knowledge, there is no civilian community in the United States that has enough of any kind of human service. Local people in Beverly Hills will tell you with a straight face that they need more mental health services. Every community needs more of everything—we don't need a study to discover that.

Aside from case findings, which we shouldn't do until we are prepared to treat cases, there are only two useful purposes I can see for a general study of needs. The first is to convince uncertain legislators and administrators that support of programs for young children will make them look good, will help reelect them, will produce quick results, is consistent with their other programs and will increase the size and strength of their agencies.

The data of a needs study will not usually budge the people who have already made up their minds. Remember, too, that doing a study is a favorite political strategy for avoiding action. Often a study arouses expectations that cannot be satisfied, endangering rather than helping our cause. Often needs studies are undertaken as a matter of form, and only serve to let public enthusiasm die down. So, often a study of needs will delay or harm obvious action. If we must do a needs survey, we need to select the fewest number of data that will sell the uncertain and collect them as cheaply and quickly as possible. Not one extra cent or minute should be devoted to this task.

The second reason I can see for a study of needs is to involve a lot of people in thinking about children. A community self-study is a useful way to develop commitment in a core of volunteers. Furthermore, it is very hard to challenge the validity of data that you have collected yourself.

Both of these reasons assume that there are a significant number of decision makers who are still open to being convinced and that you can involve them or the people they trust. In that situation, needs data can help our cause—providing that we don't overwhelm people with more data than they care to handle, or bore them to tears, or spend so much time and money on data gathering that we lose track of our

original purpose. Data can support a case, but will not make the case.

I said earlier that the only time I could implement empirically and logically derived priorities was when I controlled all of the money. Usually other people control the money. It therefore makes much more sense to find out the priorities of the decision makers and then design programs that will fit those priorities. You can eventually build systems that will deal with the whole of a child's development, even though you may not be able to reach all children or do all things at once.

The development of a campaign to meet a given set of needs can backfire badly if it's not related to the existing and the possible complex of resources available in the state or community. If we can gather data, I believe the information that can be most useful in developing and improving services is a careful examination of the resources already available in a community or region. It is important to know what's out there already, how much of it there is, who is being served, how well they are being served and in what ways the existing services are related. If we can relate our new services to the existing service network, we can get help instead of hell. Knowledge of resources is valuable because it tells us what's possible and where conflicts can occur. Indeed, such knowledge is far more valuable than data on the needs of children; it enables us to provide a needed service to other agencies; and it is a step toward collaboration rather than competition.

In a time of decreasing national interest in services—and in what promises to be a long, economic drought—our best strategy for programs may not be in a struggle with other services for the shrinking dollars, but in leadership for a new system of service delivery. In a battle with other categorical programs for scarce dollars, programs for children will lose. My own view of the future in human services includes a replacement of categorical programs by a consolidated human service system.

Two dozen states are already on this road and, despite the opposition of the categorical interests, I think bills like the Allied Services Act will soon be passed. Title XX [the Social Services Amendments of 1974] is already a step in reducing artificial barriers between functional service areas.

We in early childhood services and planning can take the leadership in this development and so influence its effect. Or we can oppose it and not improve our chances of increasing service effectiveness. Just as it is clear to me that public schools will be housing day care programs five years from now, so it is also clear to me that the public will neither permit the continued splendid isolation of the schools from other agencies nor continue to support the administrative dukedoms of categorical programs.

We can start now to take that leadership by helping our schools and other child-serving agencies improve their present services so that they can speak with credibility the next time our country is willing to make substantial new investments in services. The fact that we have not effectively educated our public is clear in every newspaper. There's plenty to do right now, and if we do those jobs well, we'll build constituencies vocal enough that we won't need to figure out how to assess and measure needs.

The next speaker was David Nesenholtz, who had just completed his work as planning director for the Texas Office of Early Childhood Development (prior to becoming education coordinator for the Texas Office of State-Federal Relations in Washington, D.C.). Mr. Nesenholtz described the "diversified approach" to needs assessment.

I'd like to talk a little bit about the diversified approach to needs assessment, but first I'd like to respond to Dr. Lazar's remarks. He mentioned some of the good things and not-so-good things about needs assessment and planning. He said, generally, that we already know what is needed in communities—that everything is needed. He felt that needs studies can be viewed as nonproductive or counterproductive, with the possible exceptions of persuading the persuadable and formulating some constituencies around the

basic needs of children and families.

I certainly agree with the latter points, but I think that more can be done with needs assessments. I submit that we don't necessarily know what the problems in communities are, what the most appropriate and effective responses to those problems are or how to generate the resources needed to fund the appropriate responses when they are determined.

I'd like to talk a little bit about the diversified approach to needs assessment and planning because planning and needs assessment demands are diverse. I define needs assessment as the appraisal or estimate of something that is lacking or something that needs response. I also believe that needs assessment is more a process than a single product at a single time.

There are four important variables when we speak about needs assessment: information, knowledge, values and strategy.

In terms of information, it's important to know what conditions exist—conditions of families, of young children, of labor markets and of communities. And it is important to know what services are available, what their capacities are and what they actually do. These factors of quantity and quality are very important in terms of that information variable.

Knowledge is important in terms of considering what problems exist and what kinds of services should be put together to respond to them. Experience is important in terms of knowing what things seem to work and what don't.

Values are perhaps the most important of all, because values are key in determining priorities. People in the community have to be the ones who determine what is bad and what is not so bad, what kinds of needs should be responded to first and what kinds of needs don't need to be responded to at all. These critical choices must be made in light of scarce resources, and I think that is the key element to any kind of assessment.

Strategy revolves around the tools and the process of the planner. It must be goal-oriented with a specified outcome determined.

In terms of the diversified approach, the experience in Texas has involved using a variety of assessment instruments. These included a statewide survey of households with children under 6; a very detailed, door-to-door survey with the objective of obtaining information not obtainable from any other source; and a survey of all licensed child care facilities in the state to find out what kind of qualitative and quantitative judgments could be made about existing services.

In addition, we held a series of regional forums throughout the state to listen to professionals, parents and community leaders on what they considered to be the most important and critical needs of children and families in their communities.

We also relied on an information base—a collection of statistics and other information from the Census Bureau, the state health department and a variety of other sources.

I think that the most important assessment, however, is the local assessment where community members themselves make judgments about what problems exist and make priority judgments about which are the most critical. When they do, alternatives should be developed in terms of what kinds of responses are appropriate. Then some kind of design can be formulated for coordinating existing services and also for applying for new resources to meet unmet needs.

This is, I believe, a very rational process—a process where community involvement is the key; where members of the community are, themselves, the constituency of the process; and one which, quite appropriately, takes into account the value system of the people themselves. Finally, all of these components are involved in a process—they are not done once and considered finished—and this process revolves around the state plan for early childhood development.

John Hawes, director of the Learning Institute of North Carolina, Durham, described the "citizens approach" to needs assessment that was used in North Carolina.

I am holding here a booklet entitled *Who Cares for Children?* It's a report that contains a great deal of information with-

in its covers. It is the result of a lot of hard work by a lot of dedicated people. So what?

All of us here have read many reports and have placed them back on a shelf. The possibility of dust gathering was one of the first issues that we faced when beginning the North Carolina child care services assessment. The method used to head off that possibility resulted in what I now call "a citizens approach" to assessment.

It seems to me that assessments are made only when there is perceived to be some sort of a problem. That means that there is at the outset some idea that there are changes that need to be made. The assessment, then, helps direct those changes; but no report ever makes changes, people do. In the final analysis, political decisions are required to effect changes and the best way to achieve political responses is through an organized constituency. Applying this principle to a major assessment of human need is really the sum and substance of my message today.

For the next few minutes I would like to describe one state's approach to the application of that principle. About three years ago, two important foundations based in North Carolina–the Mary Reynolds Babcock Foundation and the Z. Smith Reynolds Foundation–sought to determine the most effective means for the use of their resources on behalf of young children in North Carolina. An initial step was the convening of a conference of individuals and representatives of organizations active in the area of child development. The director of the Learning Institute of North Carolina at that time, Dick Ray, was asked to preside over the conference.

As the meeting progressed, it became evident that great gaps existed in the information that was available about the status of services available for young children. A major result of that conference was the joining together of the two foundations and the Learning Institute of North Carolina in the conduct of a statewide assessment of child care services.

Let me insert a word here about the Learning Institute of North Carolina (LINC). The organization is a nonprofit corporation, quasi-public in operation, engaged in a broad range of educational activities. LINC was established by Governor Terry Sanford toward the end of his term in office, about 11 years ago. Most of you know that Governor Sanford also played a key role in the establishment of the Education Commission of the States.

As its acronym suggests, one of LINC's major functions is to bring together the various educational resources within North Carolina for the purpose of seeking solutions to some of the more pressing education-related problems in the state. Its board of directors is presided over by the state's governor; and its membership consists of the chief executive officers and other representatives from the North Carolina Board of Education, the state university system and Duke University, along with other education, legislative and public representation.

An annual state appropriation provides a base for LINC's operation and program development activities. Operational funds for its various projects come from contracts and grants from federal, state and local agencies and foundations. Because of its broad base of sponsorship, it was most appropriate for LINC to conduct this assessment in North Carolina.

As frequently is the case with such undertakings, an early order of business was the establishment of an advisory committee. As we sought to make the group truly representative, the idea of a small, cozy committee soon lost all meaning. It grew so large that a staff member suggested the name Children's 100–and so it was. In fact, it became more like a Children's 131.

The group itself further determined the structure under which it would continue to function. Direction was given by an 18-member steering committee, put together under criteria established by the total group. The steering committee in turn set up five committees in several special areas concerning: state organization of services for young children, establishment of a clearinghouse of human and material resources, support services for child care programs, consumer education and personnel training.

With respect to the assessment itself,

two major decisions were made early in the process: (1) the survey would be conducted on a county-by-county basis (and that the sample surveyed would be large); and (2) not only would a look be taken at full day care centers but at other out-of-home child care services as well.

Organizing for the survey was a lot like running for governor, with young children as the candidate. Available resources dictated that a large number of volunteers were needed if the project objectives were to be met. Volunteer chairpersons for each of the 100 counties in the state were selected and they, in turn, recruited volunteer surveyors as needed.

Using a variety of information sources, all of the child care services were identified in each of the predetermined categories in each county. Fifty percent of all identified services in each category were selected at random for the survey. A pilot run was made in one county, and the survey instrument was revised accordingly. There then followed an intensive training program for the county chairpersons who, in turn, trained their volunteers in the use of survey materials.

Without going into all the trials, tribulations, triumphs and disappointments, suffice it to say that the data were collected, processed and analyzed. These data, together with special area committee recommendations, were put together in draft form and sent to each member of the Children's 100. A final meeting was called to review and recommend changes in the report document.

A strange thing happened at what was to have been the group's valedictory session however. One of the last recommendations to be made from within the Children's 100 was that the organization be continued. The reasoning was that with all the work that had been done and all the interest that had been generated, the group should make sure that the recommendations didn't gather dust, but that the means for implementing them were thoughtfully developed. Thanks to the continued participation of the two foundations, that is what is going on at this time.

This highly visible approach to assessment has resulted in considerable public awareness about the condition of services for young children within the state. The more than 600 volunteer surveyors from every county in the state now have an idea of what is going on in their own communities. The Children's 100 has united many groups and individuals who have a common interest in young children and, in many cases, it has put them together for the first time. Participants themselves have created an integrating force on behalf of young children. And, perhaps most important, legislative and administrative decisions at the state level have been influenced considerably by data generated through the assessment and by the presence of citizen support achieved through the Children's 100.

In my view, these are the aspects of the whole assessment project in North Carolina that will last long after the report itself not only gathers dust, but turns to dust itself.

Howard Schrag, director of Idaho's Institute of Human Development, described the assessment process in Idaho and discussed the difference between "needs" and "program interventions." Dr. Schrag also discussed some of the present problems in needs assessment and some future challenges.

The Idaho Institute of Child Development [now the Idaho Institute of Human Development] was started in 1971 by an executive order issued by Governor Cecil D. Andrus. He asked four questions: How many children do we have in the state between 0 and 6? Who are they? What do they need? And, who is providing the services for them?

I'd like to stop a moment here and refer back to something Irving [Lazar] said—the political situation and the time were right. We had a governor who was committed to doing something for children, he was asking questions about what he could do and he was in need of answers and information in order to manage the resources he had available to him.

At that time [U.S.] Representative Orval Hansen was working in Washington on legislation [the Child and Family Services Act]. He was responsible for

bringing to Idaho Edward Ziegler, who was then head of the Office of Child Development, and Bettye Caldwell [University of Arkansas at Little Rock] for a seminar.

After we were charged with answering these four questions, we then looked at what "needs" are conceptually. It is probably fair to say that among planners—as we know the majority of them today—there is little agreement concerning what constitutes need.

The concept is hard to grasp and, as a result, planners, politicians, laymen and others have consistently mixed the concepts of need and program intervention until one would think the two were synonymous. I frequently hear—in groups brought together to winnow out concerns—that there is a need for more kindergartens, school facilities, health facilities, public awareness and so on. I submit to you that none of these are needs. Indeed, they are programs, they are logistical arrangements, and they are symptoms of need.

When one talks of need, it must be a basic need: food, shelter, appropriate environment for good emotional-social, cognitive and motor development in children. Need is much more basic and fundamental than the attitudes and opinions elicited from groups brought together to discuss need. Yet that is exactly what you get—biases in the form of attitudes and opinions often, and most probably, not expressed in terms of needs. Perhaps they are most closely related to the individual's or organization's needs for growth and survival rather than the needs of the clientele served. This entire process may well contain elements of illusion, delusion and collusion.

How do we overcome this problem? Well, there are a few people who have begun to work with the issue of the quality of life—how to quantify it, how to measure it—and we drew to a certain extent from that body of information. Then we examined existing data in the state. There is no reason to reinvent the wheel. If the information is already there, why not use it?

Then we looked for holes in it, and what we might yet need to gather. We then gathered that data and by the use of a variety of instruments, we also gathered information on the vendors of services. Incidently, we published a directory of all the services available in the state as a byproduct of the information we collected. It was distributed and used by information and referral people and by a variety of agencies.

From all of this activity came three technical documents of the type that usually gather dust. One was on the prenatal and postnatal status of children in Idaho, the second was the status of early childhood education in Idaho and the third was a study on the needs of minority children in Idaho. We got together some writers who were familiar with materials for the press, and they laid out 14 to 15 categories of need and put them together in a small pamphlet entitled *Growing Up in Idaho: The Needs of Young Children.* This small, easily readable pamphlet caught on and was used.

The governor then made three basic policy decisions in the field of early childhood.

The first was to strengthen the family by: (1) providing better access to available services and (2) by providing families with more adequate knowledge concerning early childhood development. These activities are being followed up on now. We had a good early periodic screening system set up in the state, and the governor also recommended in his policy statement that this program be expanded by making it free of charge for all children aged 0 to 6. The third policy decision he made was to expand programs for children "at risk." We did this in terms of abused children, but we also have a public network that provides services for handicapped children. The intent was to expand that to include other children who might be at risk or in jeopardy.

I'd like to make a few comments about present problems I see in needs assessment, as I've viewed it over the country. The first problem is that a lot of attitude and opinion assessment is being passed off as needs assessment. The second problem is the lack of differentiation between needs and intervention programs. Another problem is that planners

start with the development of goals and objectives, and we have no way of knowing how well those goals and objectives are tied to reality—to the needs that really exist. The fourth problem is one that Dr. Lazar talked about—that is, having a mechanism, when the time is right, for translating findings into action.

For the future, there are five things I would like to see happen.

I would like to see us define needs along the life spectrum of the individual and to have an adequate set of social indicators that would tell us where we're at.

Second, I would like to see the process of change more clearly defined—what are the processes involved in change and how do we bring them about?

The third thing I'd like to see is much greater attention to cause and effect relationships and less involvement in the treatment of symptoms. Many of the programs we've had over the last decade have treated symptoms, and we still tend to provide programs that do that.

The fourth concerns the kind of problem we began to run across as we looked at the needs we had found. It seemed that for every need that existed, there was a reason for its existence. We've called these reasons "barriers" and I'll give you a list of six barriers that I know of: legislation, administration, fiscal, social, technological, and information and communication.

Last is the development of some kind of a common language between diverse groups. An excellent example of this was our space effort where we were able to bring together a variety of professions to develop a common language that enabled them to proceed together toward their goal—and to achieve it.

It appears to me that these are the kinds of things that have to take place for us to begin to deliver better services in the area of human needs.

The last speaker, Jeanne Mueller, discussed two themes—the classification of exceptional children, and the tendency to provide programs for them that will perpetuate the existing system rather than meet the needs of the children served. Dr. Mueller is associate professor and director of social work at Cornell University's college of human ecology.

I would like to briefly introduce two themes that I will present in my workshop later this afternoon. First, I'd like to note that the word "special" is a kind of euphemism for handicapped children and, when we talk about handicapped children, we quickly get into classification systems and all that implies.

For example, what about the child who has been developing nicely, enjoys life with his parents, gets along with the neighborhood kids, doesn't get into trouble and then comes to school and doesn't learn to read and write? You can see that his primary language is Spanish or Black English vernacular, but how are you going to classify him? Culturally disadvantaged or culturally stigmatized?

We need to look at the pros and cons of classification systems because we're not going to get away from them. They have both positive outcomes and negative effects. We need to spend some time thinking about the pluses and minuses and what we can do to make sure we aren't damaging kids when we label and classify them as in some way deviant.

The second theme has to do with what I call the *PIG* model of planning for handicapped children. *P* stands for problem, *I* for intervention and *G* for goal. If we do rational planning, we try to define the problem, specify what our goal is and choose an appropriate intervention.

Instead, our goals too often get displaced in favor of keeping our system going. One nice illustration that has come up today is that the education system is likely to move into the area of early childhood education, and perhaps even the provision of day care. That may or may not be in the best interests of children, but the decision will be made in terms of system maintenance rather than looking at the needs of children and setting goals accordingly.

Another illustration I have encountered is attendant on recent legislation that mandates Head Start to have 10 percent handicapped children integrated into the centers. I think that is a fine idea. The intent was that the community

people would search out handicapped children, persuade their parents to allow them to be recruited into Head Start, and then start mainstreaming them with appropriate changes to accommodate their special needs.

Instead, I have found that staff people look within the center's population to see which kids they can now label as "minimal brain damage" or "learning disabled" and so on. This is a nice example, again, of goal displacement.

So we need to think about a rational model that social planners and policy makers can use when they think about a service system—a system that is concerned not with how to get delivery, but with what gets delivered to meet the special needs of young children who are handicapped.

II. Child Abuse and Neglect

The second day of the conferences focused on the issues of child abuse and neglect, an area of considerable interest to officials concerned with bringing state statutes into compliance with newly enacted federal legislation—the Child Abuse Prevention and Treatment Act (P.L. 93-247). Frank Ferro, associate director of the Children's Bureau, discussed the need for—and ingredients of—a model child abuse reporting law.

As you listen to me today, I would like you to listen in this context: What are you going to do when you get back home? How are you going to get your state law changed so that you are eligible to receive funds under the Child Abuse Prevention and Treatment Act?

There isn't very much money in the whole bill itself. For some states it's $20,000—which is only a drop in the bucket. But it will have a serious impact upon your state eligibility under Title XX [the Social Security Amendments of 1974], and there the amount is $2.5 billion. You will have to be in compliance with certain sections of the act, and its definitions as published in the federal regulations, in order for your state to be eligible to receive those funds.

A year or so ago, I attempted to articulate a service delivery model that not only would be *available* but also *accessible:* a model that would be *acceptable* to consumers or clients and to the community which it served; and, finally, a model that was *adaptable* in the face of accelerating social change. No one is really sure how to prevent child abuse and neglect; no one is really sure how to treat the abusing parent or the abused child. The present state of the art, however, suggests the following seven essential elements of an effective child protective system:

- There must be a reasonably accurate knowledge of the true incidence of child maltreatment.
- There must be a strong and well publicized reporting law.
- There must be an effective central register of child maltreatment reports.
- There must be a specially trained and expert child protective service available, if needed, at any hour of the day or night.
- There must be treatment and rehabilitative facilities and programs available for parents and children.
- There must be a court system capable of dealing quickly, effectively and fairly with families.
- There must be interdisciplinary exchanges and cooperation at all levels of government to develop and deliver the most effective services to protect children.

The first element, accurate knowledge of the incidence of child abuse, is basic and dependent upon a strong reporting law and effective record-keeping methods. A strong reporting law, the second element, is necessary because early recognition and treatment of suspected child abuse and neglect is the first essential step in preventing further abuse and neglect.

An effective central register of reports of suspected maltreatment, if properly utilized, can assist in the diagnosis and identification of child abuse and neglect. It can tell the professional who suspects a child is being maltreated if that child or any other sibling was reported as maltreated earlier. This ability to check for prior reports is diagnostically important because the repetitive nature of suspicious injuries strongly indicates the existence of child maltreatment.

A specialized, qualified and highly motivated child protective service staff is also imperative. They must be able to investigate reports promptly to determine whether protective or preventive action is necessary. To do so, the staff has to be able to use a full range of social investigative techniques.

Prevention of child abuse also requires treatment and rehabilitative programs for families. Removal of a child from a dangerous home situation is not always the best solution. There may be other children in the home who become the parents' next target. Without treating both parent and child, we cannot hope to break the generational pattern of abuse

that leads today's victim to be tomorrow's tormentor.

A successful child protective system integrates and coordinates many professional disciplines and competencies to alleviate child abuse and neglect. The physician and other allied medical personnel, the social worker, the courts, the law enforcement agencies, teachers—all those who come into contact with, or who have responsibility for, providing services to children and families—must work together.

I have briefly commented on the essential elements of a comprehensive child protective system. I would like now to take one of the elements—a strong and well publicized reporting law—and discuss such legislation in more detail.

Legislation has an important role to play in providing a framework and in coordinating and channeling societal effort. Good legislation can provide a unified and coherent approach to an otherwise disorganized situation. Consequently, one of the greatest needs now is for the states to coordinate the various legislative provisions, to provide a unifying policy and a system of accountability for child protective services.

Before discussing other aspects of a model reporting law, I would like to stress that I am addressing the problem of child protective services—protecting children and delivering rehabilitative services—not the problems of criminal court action. Although child abuse and neglect are crimes, the feasibility and usefulness of criminal court action, except in unusually severe cases, is quite limited.

Where the reporting statute is housed in the criminal code, the person reporting [child abuse or neglect] in effect is asked to make allegations of suspected criminal activity. Thus, this may not only discourage free reporting, but it may also tend to foster a punitive approach.

We also believe that reporting laws should be amended to contain the following provision: neighbors, relatives and friends should at least be encouraged to report suspected cases of abuse. That is in addition to the mandating of certain professionals to report.

The upper age limit of protected children should conform to what is in the federal law—age 18. There's a problem in some states where the juvenile laws stipulate 16.

Finally, the reporting law should be amended to include emotional abuse and child neglect as well as physical injury.

A good child abuse reporting law is only one element of a total system A reporter must have someone to report to, then an investigation must be conducted and appropriate services received. I wish to emphasize the fact that the abuse and neglect of children is clearly a social problem. It is not just a medical problem, or a legal problem, or an educational problem, or a psychiatric problem, or even a law enforcement problem. It is a social problem requiring the involvement and services of all program providers.

What we must learn to do is to develop and maintain a system that links a number of discrete service providers into an integrated and coordinated method for the delivery of services to abused and neglected children and their families. If we can accomplish this, we may be able to use the method as a reasonable template for other services to children and families in need.

Brian Fraser, staff attorney for the National Center for the Prevention and Treatment of Child Abuse an J Neglect in Denver, discussed five basic rules for dealing with child abuse.

I'm going to start off by putting this chair over here. I spoke in San Francisco a couple of months ago and when I was finished a very nice gentleman came up to me and said, "You're okay, but you don't have any visual effects, which would make it go a lot smoother." So this is my visual effect, and I don't mean it facetiously.

Let's talk about numbers for a minute. We used to say that there were at least 76,000 cases of serious child abuse each year. When we talked about 76,000 cases, we were using a rather traditional definition of child abuse, being a serious, nonaccidental physical injury to a child. In the last three years a large number of states have redefined, amended or drafted completely new definitions for child abuse.

Depending on what state you live in, the definition of child abuse will be composed of one or a combination of the four following elements: (1) a nonaccidental, physical injury; (2) neglect; (3) sexual abuse or sexual molestation; and (4) emotional abuse or emotional neglect. With a rather broad generic definition like this we really don't have any idea how many children are abused each year. We're beginning to get an estimate and this estimate is astronomical.

In Florida, in 1971, there were 250 reported cases of child abuse. In 1972, the state expanded its definition of child abuse to include neglect. It also initiated a statewide advertising campaign on what child abuse was, how to identify it and who to report it to. At the end of 1972, the number of reported cases went up to 14,000.

In 1973, they initiated a statewide child abuse hot line—you could call anywhere in the state, 24 hours a day, seven days a week, and make a report of suspected child abuse or neglect. Again, that was rather well advertised. During 1973, there were 28,050 reports.

I suggest that the results are probably the same no matter where you go, what state you visit—an increase of anywhere from 20 to 500 percent, and an increase that is probably going to remain somewhat stable over the next few years.

Well, those are the statistics. But remember, for every case that is identified and works its way into the system, there are probably two (and that's a wild guess) that are never reported. That brings up the question of how these cases enter the child abuse and neglect system or the social service system—the mandatory reporting statute.

Today every state, Washington, D.C., Puerto Rico and the Virgin Islands, have mandatory reporting statutes. This statute simply says that certain professionals in the community are mandated to report cases of child abuse.

Every mandatory reporting statute is going to have a legal definition of child abuse. I go back to the four basic elements I listed a moment ago. Depending on what jurisdiction you live in, it's going to be one or a combination of nonaccidental physical injury, neglect, sexual abuse or emotional abuse. If the state wants to receive federal funds under Public Law 93-247 [the Child Abuse Prevention and Treatment Act], it will have to include the element of neglect in its definition of abuse. If your state does not have that element of neglect in its definition, it is not going to be eligible for federal funding.

Neglect, of course, can be just as devastating to the child as physical abuse, but it does raise a number of interesting and very practical problems. Neglect is very hard to define. Unlike physical abuse, you can't point to a broken bone. There are lifestyle and cultural differences. The second problem is that there are probably 3 to 10 times the number of neglect cases as there are physical abuse cases. Most departments of social services are working at or near capacity now, just investigating reports of physical abuse. What happen when you increase the case load by 3 to 10 times? It becomes almost unmanageable.

Every state mandatory reporting statute says where the reports are to go. It's usually the department of social services. In some states, like Colorado, it's the police department because the department of social services is not on call 24 hours a day, 7 days a week. In three states it's the district attorney; and in a few other states, it's the juvenile court.

Without being negative, this might be a good time to suggest that—while, perhaps, it is the department of social services that should receive the report—it might be wiser if we were to talk about a new entity when we ask for a diagnosis and a prognosis of child abuse. My suggestion—and it's not unique—is the creation of a multidisciplinary team to do the diagnosis and prognosis. Allow the department of social services to receive the report and perhaps make the investigation, but allow this child protection team—with, say, a representative from the medical profession, a representative from the legal profession, a social worker, a representative of the juvenile court and a representative of a law enforcement agency—to determine whether or not this is abuse. If it is abuse, should we be filing a petition in the juvenile court? And what type of treatment does this family need?

You can call it a child protection team, or unit; in some places we refer to them as SCAN [Suspected Child Abuse and Neglect] teams. But the basic concept involves formation of a group with collective expertise. I hope this doesn't sound too revolutionary, because it's not. There are probably 150 to 200 child protection teams around the country right now, and there are a number of SCAN teams. Legislatively, it's not unique. Massachusetts already has it in its law on a voluntary basis. The Colorado legislature has a bill in front of it right now that would make it mandatory in every Colorado county to have an appointed child protection team responsible for coordinating treatment, diagnosis and the prognosis of child abuse and neglect.

Who has to make the reports under the mandatory reporting statute? Every state specifically mandates a profession or a group of professions to report suspected cases of child abuse. Unfortunately, some states still limit the reporting to physicians and the medical community.

Today an adequate mandatory reporting statute makes every attempt at identifying the child abuse case as quickly as possible so that there's no further damage to the child. The real purpose of reporting is to identify the child in peril as quickly as possible and, once identified, to bring all the resources of the state to bear in an effort to protect the child.

Child abuse is not a single attack. It's usually a number of attacks over a period of time, growing more severe the longer the attacks go on. You could say that the severity of the injuries to the child is directly proportionate to the duration of the abusive behavior.

Rule number 1: Every case of child abuse is a potentially terminal case, or a potentially capital case. Once you recognize that child abuse is continual trauma, a number of injuries over a period of time, it is easier to accept the concept that we need to be reporting the bruises, the unexplained cuts, the child who shies away from adults as if he was going to be struck.

Persons mandated to report should be those persons who come into daily contact with the children, have an opportunity to identify injuries to the child at the earliest possible point in time and then report it. A large number of states now require that teachers, social workers, day care workers, preschool workers and summer camp counselors all report—and they should.

The next response isn't an unusual one. "What happens if I do report a case of child abuse and it eventually turns out to be accidental trauma. Can't the parents turn around and sue me for defamation of character, invasion of privacy, libel or slander?" I'd have to say: "Rest assured, they can't."

Every state's mandatory reporting statute has a provision which offers immunity. The provision simply says that those people who report in good faith are free from any criminal or civil liability. What does "good faith" mean? In layman's terms, it means "with a good heart." If you see a case and you honestly believe there is child abuse and you report it, you are immune from any liability.

I've got a personal standard and I'll pass it along to you. I'm calling it rule number 2: If there is a doubt, resolve the doubt in favor of the child and report. It's better to be safe than sorry.

That very neatly moves us along into another category. "What happens if I see a case of child abuse and I don't report it?" Well, first, you ought to go home and lock yourself in the closet for the next three months because chances are that the child is going to be reinjured—and the next time more seriously. Secondly, about half the states have a criminal provision in their mandatory reporting statute, which says that if you see a case of child abuse and you are mandated to report it, you can be held criminally liable if you don't.

For all practical purposes, I don't think anybody can be criminally pursued for failure to report. But there is one other factor, and that's the civil suit. A professional who doesn't report when he sees a case of child abuse can be held civilly liable for the damages that follow the failure to report.

Let me give you an example of a famous California case. A couple got married, had a little girl and then separated. The mother and the little girl moved in with a "paramour"—that's the legal

term. The paramour injured the child The mother took the child into a pediatric clinic where three pediatricians saw the child. All three of them knew they were obligated to report, but they didn't. Six or eight months later the child was reinjured and taken to the same three pediatricians. They knew it was abuse, but, again, they didn't report it. Remember abuse becomes more serious the longer it goes on. The next time, there was permanent injury—blind, deaf, dumb and totally paralzed, the child would be a vegetable for the rest of her life.

The natural father took action, claiming that if the doctors had reported the case the first time around, the child wouldn't have been seriously injured. The case was settled out of court and the physicians ended up paying $600,000. The interesting thing is that somewhere along the way the department of social services was notified and they did—nothing. They were also sued for professional negligence and they ended up paying $60,000. The police also had been notified and were mandated to investigate. They did nothing and they were also sued under the doctrine of professional negligence. They also ended up paying $60,000.

A professional who fails to report a case of child abuse is leaving himself open to a suit for civil damages. There's a second case in California now, one in Iowa and one in Florida. None of the cases that are going on now are under $2 million.

I'm going to talk about one more thing in the mandatory reporting statute—the central registry. This is an office—usually in the department of social services, but sometimes in the police department—that houses all reports of suspected child abuse. Hypothetically, when you get all these reports of suspected child abuse together, you should be able to do three things with them:

(1) You can turn out statistics by the barrelful. If there's one thing politicians understand and appreciate, it's statistics. Texas, as a result of increased reporting statistics, has 200 new workers in the department of social services.

(2) The records in the central registry should be available for diagnostic services.

(3) You can use the figures in the central registry as a tracking device for abusive parents and abused children.

A central registry is a good tracking device, but it raises a number of civil libertarian questions. If you're drafting laws, you might as well be aware of them. Here we are listing suspected abusers—potential criminals. Most states don't give the persons listed in the central registry a right to appeal. There's usually no avenue for the expungement of records and there's usually no avenue for the sealing of records.

Who are the child abusers? It's virtually impossible to categorize abusing parents into any one socioeconomic, religious or ethnic background. The sad fact is that we see badly abused black children, badly abused red children, badly abused brown children and badly abused black-and-blue children. The parents are blue-collar workers, white-collar workers and professionals, and they can be Protestant, Jewish, Catholic, Methodist, Baptist or Unitarian.

If there is any one constant factor that characterizes all of the abusing parents, it's the fact that they were probably abused themselves as children. It's not just that the child is hard to handle, or that the child has certain characteristics that bring on the attack. It's a number of elements. I've already mentioned one: the parents were abused themselves. Another thing is—and it almost seems to be law of nature—that a female who was abused in her childhood is attracted to and finds an abused male. They are attracted to each other just like the opposite poles of a magnet, and they get married and have children.

Second, the parents are isolated, lonely and friendless. They have no neighbors, friends or relatives upon whom they can call in time of need. They are locked up with their own personal problems and with a crying, demanding child.

Third, there is a "crisis" of some sort that precedes and precipitates the attack. The crisis doesn't have to be a big one—sometimes just a marital spat.

When you mix these three elements together—past conditioning, isolation and crisis—it's only a question of time until you reach the inevitable. It almost sounds

like a disease, like alcoholism or an emotional disorder, and that's just how I like to think of it. The question has to be asked, what's the value of criminal prosecution in these cases? My answer would be, there is little if any pragmatic value in the criminal prosecution of these cases.

In the first place, if you want to be practical, it's a very difficult case to prove. To successfully prosecute in the criminal courts, a district attorney is going to have to show a criminal act, criminal intent, and then prove his case beyond all reasonable doubt. It would be nice if the attack took place in Central Park with 50 eyewitnesses, but it usually takes place in the privacy of the home when only the mother, father and child are present. You can't force the abuser to take the stand because that violates his or her constitutional rights.

There is a doctrine in the law that designates husband and wife communication as confidential and prevents those communications from being presented in court as evidence. In most states, the status of confidential communication between husband and wife is abrogated before the juvenile court in cases of child abuse and neglect. However, it's one thing to abrogate something, but it's another to actually get one spouse to testify against the other.

That leaves you with the child and you have three types of children: the dead child who can't testify, the child that is too young to testify and the older child who can testify. But he's not crazy—he knows he stands a good chance of eventually going back into that home.

That leaves the district attorney with circumstantial evidence and it's very difficult to prove a criminal case beyond all reasonable doubt with only circumstantial evidence. But suppose he does prove his case. Usually we get a punitive judge who comes down hard and says "x number of years in the slammer."

But jail sentences are notoriously short and, with good behavior, they are even shorter. These parents are usually quite young, quite capable of having additional children once they are released and quite capable of abusing them again. Those abused children grow into abusive parents, injure their children, and you have that whole cycle going around again. You certainly haven't cured the disease—what you've cured is your need for retribution.

The rather sad fact is that we are very adept in identifying these cases, and we're rather adept in getting the cases into court. The judge is left with three alternatives (other than jailing the abusive parent). He can terminate parental rights, he can return the child to the home under court supervision or he can place the child in a foster home. The last two options assume that there is treatment out there somewhere. The idea is that the court can convene in six months and the judge can say to the social worker, "How are we coming along?" And the social worker can say, "The mother and father have been in treatment and they have shown excellent progress. We suggest that the child be returned and the family reunited."

In most cases, in most communities, and at most times, there is no treatment available. That's not to say that there aren't treatment programs available, it's just to say that we're not utilizing them. Programs have been developed and some of them are very effective. We have crisis nurseries, lay therapy programs, Parents Anonymous and Families Anonymous programs. There are therapeutic play schools, residential treatment facilities, foster grandparents and group psychotherapy. We don't even use the services that we do have available—health, mental health, Red Cross, schools, Head Start, hospitals and so on.

There is also a tremendous amount of territorial imperative. "It's my program, it belongs to me. I'm not going to farm the treatment out to anybody else."

So, rule number 1: Every case of child abuse is a potential terminal case.

Rule number 2: When there is doubt, resolve that doubt in favor of the child.

Rule number 3: In almost all cases in which a child is abused, there's a very good chance that he's going to grow into adulthood as a potential abusing parent.

Rule number 4: If you want a cure and not retribution, then you want therapy rather than a short stay in the slammer.

And rule number 5: Probably in no other area are you going to run into as

much territorial imperative as you do in child abuse and neglect.

Now some of you have probably been wondering about this chair to the left here. That's my visual effect. I call it "My spokesman for children who can't speak for themselves, the defender of children's rights" and, if you'll excuse the play on words, "the seat of justice." You're saying that there is no one sitting in the chair, right? That's right.

Bringing the expertise of the medical profession to the problem of child abuse and neglect was Barton Schmitt with the University of Colorado Medical Center in Denver. Dr. Schmitt described methods of detecting child abuse and preferred methods of dealing with abuse problems.

I'm going to run quickly through some things that have to do with the full spectrum of child abuse and neglect because it certainly has changed over the years. Fifteen or 20 years ago we were worried about the child with 10 fractures and subdural hematomas, but now we also worry about a lot more children who have suffered less abuse and have not yet sustained a major injury.

For example, there is medical care neglect where a child does not receive necessary medical care. There is nutritional neglect—very young, dependent babies who do not receive enough food and become malnourished. There is sexual abuse, such as incest, molestation, exposure, etc. Safety neglect occurs when very young children are injured as a result of being left alone at home or are allowed to roam around the neighborhood alone. Emotional abuse is a sticky issue but, obviously when a parent is grossly psychotic or suicidal, the children should not be left in the home. Educational neglect refers to repeated failure to send a child to school.

The question is always asked,"Aren't parents allowed to punish their kids anymore?" I think 90 percent of children in this country are reared with a good amount of physical punishment, and we're not going to outlaw that. It doesn't leave bruises. Less than 5 percent of American children ever end up with a bruise from a parent and most have it happen only once—when the parent loses control.

When does it become physical abuse? When do we have to make sure this family gets some counseling so that the child doesn't get reinjured: With 20 bruises? A ruptured eardrum? Or a detached retina? With a young child, under a year, there should be no bruises; with an older child, no more than two bruises and not on more than one occasion. Repeated bruising should be worrisome and should be evaluated. Bruises about the head and face is certainly serious at any age.

You have to be able to decipher what a bruise means. In many ways, the bruises speak for the child who can't speak for himself. For example, a loop mark on a child's back, caused by a doubled-over cord he has been hit with, is clearly recognizeable. So is a coat hanger bruise. Grab marks are oval-shaped bruises. When a child is grabbed very hard it usually leaves a red mark that goes away in 30 minutes. But if the child is squeezed very hard and shaken, it can leave bruise marks.

In the process of trying to keep a baby from crying, the obvious thing is to feed the child more. Sometimes the bottle is jammed into the baby's mouth and the mouth is bruised—sometimes the upper lip is torn loose. Bruises in that area, in that age group, usually mean that somebody tried to silence the child. We have found cord marks about the ankles indicating that the child was tied to a bed while the parents were out. If they had been applied long enough, the child could have ended up with gangrene, amputation and who knows what else.

Of children who have subdural hematomas—blood clots on the brain that cause great pressure and damage—over half of them don't have any associated fractures of the skull, no bruises and no swelling. They result from taking a young child by the arms or shoulders and shaking him back and forth violently. His head bobs about and the veins on the surface of the brain start tearing and blood clots form.

The key thing that radiology has helped with in the child abuse area—and

all these children get total body x-rays—is the chip fracture. When a little triangle of bone is torn off on the arm or leg, it's from grabbing a child by the arms or legs and giving him a real wrenching, twisting, jerking motion.

So much for diagnostic aspects. I want to make some brief comments about what happens to these children in a hospital setting. Children who are seen in hospitals and have injuries that suggest child abuse or neglect usually are admitted. Although the child usually doesn't need to be admitted for medical reasons, he could go home and suffer a much graver injury the same evening.

Obviously, we treat the physical problems as needed. The parents are very conscious of what we're doing, and they need a lot of communication regarding their child's physical problems. We try very early to get a detailed history from the parents because if they get an inkling that we are going to pursue a child abuse diagnosis, they'll go home and work on a better story—so there won't be any discrepancies between the two parents.

What do we tell the parents? We don't try to deceive them about what's really happening. We explain that although they have given us an account of their child's injuries, it couldn't have happened that way—that the only way these injuries could have happened is that some human being caused them and that person obviously needs a lot of help. We tell them that we are required by state law to report the incident to the child protection agency.

We also find that about 25 percent of the siblings have an injury, too, so it's worth seeing them. Over time, about 50 percent of the siblings are also injured by caretakers.

We report the case officially by phone. Then we send in a written medical statement that can be used by the protective service agency. We have a social worker in the hospital involved on our team. She is needed to do family evaluation and to make a decision as to whether we need a psychatrist in the case. Ten to 20 percent of these cases require a psychiatrist to determine whether the family is treatable or incurable.

Sometimes the social worker has to get involved in crisis therapy. The parents are often very depressed when they come in. The physicians don't have time to sit down with them for two hours and can usually only tell them what is happening to the child medically. Sometimes he threatens to take his child out of the hospital. At that point we tell the parents that that would result in a kidnapping charge. We tell them that if they cooperate things will go well, but if they do something like that, they'll be dealing with the police.

Then we have a dispositional conference and that's where we pool our diagnostic information. After everyone—physician, social worker, child welfare worker—has completed his or her evaluation, we meet and work on the premise that we're dealing with a decision that could, if we make an error, result in the death of a child. So we pool our information. We check each other to make sure we haven't overlooked something. The chances of error go down when you've got several people involved in making a decision about what is best for a given child and for his or her family.

A couple of final comments on why I think we all need to be very much involved in this problem and in working hard at changing the system currently in effect in many parts of the country. If you look at some of the studies on tomorrow's juvenile delinquents or hardcore criminals, if we want to address ourselves to violence in this country, we've got to look at this problem and try to change our response to it.

Of the children who are abused, at least half of them are reinjured if there is no intervention. Of the overall group, 10 to 20 percent of the time the second injury is a major one that leaves a lifelong handicap—and some of them die. The death rate for children abused a second time goes up to about 10 percent. A child under six months of age, who has a major injury the first time and is sent home without a lot of therapy being provided, has a 50 percent chance of being killed.

Both the children who are physically reinjured, and those who are not, live in fear. I am talking about the school-age child who doesn't go home from school, the preschooler who pleads with his

teacher to take him home, the young child who cowers in corners at home and listens to footsteps, hoping it's not his father coming home. There is a look of terror in these children's eyes.

These children deserve a concentrated effort on our part to counteract the distress and anguish under which they live. I hope your presence here today means that you and your states are committed to a long-term, meaningful program to deal with child abuse and neglect.

Wrapping up the second day was Pat Beezley, assistant director of the National Center for the Protection and Treatment of Child Abuse and Neglect in Denver. A social worker, Ms. Beezley discussed treatment modalities for dealing with the problems of child abuse and neglect.

Today, as I talk about child abuse, I'm not talking about a specific psychiatric disorder. Rather, I'm talking about a distorted, disordered pattern of child rearing that is an extreme. It's at the far end of a continuum of something that is socially acceptable in our society—that is, the use of physical discipline with our children. The use of violence or force to bring about conformity to a set of standards is very acceptable in our society. We use it with other countries, we use it with criminals, we use it with our children; and, only fairly recently, have we as a group begun to question it.

Child abuse happens with all races, all classes and all religions. We don't like to believe that. We like to believe that we're an exception—that middle-class people or Whites or Blacks or Jews or Chicanos are exceptions. They're not. We do see more in lower socioeconomic classes because poverty is a stress. There is no way out for poor people. Wealthier people send their kids to summer camp; they buy an airplane ticket and ship them off to relatives for a month when they're under stress. Poor people very often can't afford sitters, and they can't afford vacations. Also, they tend to show up at public hospitals so that their detection rate is, of course, going to be higher.

I do want to stress, however, that alleviating poverty is not going to cure child abuse because we are talking about a stylized, repetitive pattern. It would relieve some of the stress, but it would not change the basic practice of discipline.

There is a small group of abusive parents (we guess around 10 to 20 percent) who are psychotic, schizophrenic or have long histories of alcoholism or drug addiction. Their attachment to a particular child is so distorted that it just cannot be changed. For that small group of people, we believe that they deserve treatment in their own right, but not around the relationship with the child. We frequently recommend that the child be placed, that relinquishment or termination be sought and that the parents get treatment for themselves.

We are beginning to find another group of parents that are untreatable. They are in families where we find a very serious neglect component as well as abuse. We can sometimes stop the abuse but some of the neglect continues no matter what we do.

We're frequently asked, "Who batters children the most, men or women?" It doesn't seem to make a lot of difference because both parents are always involved in one of two ways. One is usually the attacker. The other one either knows it is going on and passively does nothing to stop it, or actively sets it up to happen. That parent never lays a hand on the child, but complains so much, and gets the spouse so upset that the spouse then does the attacking.

The first task for all of us, when it comes to helping in this field, is to deal with our own attitudes—and that's a very difficult thing to do. I think the first stage that most of us go through is one of denial and disbelief. We often see this in people who are new to the field—our interns, our residents and social work students at the hospital. They are always sure that there's an explanation, that the injury was an accident of some sort.

After that, there is a stage of anger. We are just filled with rage that such a thing could happen. If I go into a ward and see a child, wrapped in bandages and in traction, and then have to leave that ward and walk into another room to talk to the

parents. I can still get very angry. So I don't do it. I avoid that hospital ward and I avoid seeing that child if I think it's going to prevent my being available to the parents.

If we can get past those two things, then we can be of help. For myself, the thing that probably helped most was trying to understand why these parents are the way they are. They are not so much abusive parents as they are children—grown up—who were abused and neglected in their early years. I'd like to backtrack for a few minutes and go through the development of an abusive parent.

These parents, when they were children, felt very neglected and deprived; they had very little of that nurturing or mothering that most of us have. They grew up knowing that, if it came to a choice, their parents would put their own interests first. What does that contribute to? A feeling of being worthless and unimportant.

Second, they grew up with parents who had very high expectations for them. They expected prompt obedience, and they expected everything to be perfect. They also expected the child to take care of them. We've seen children 3 and 4 years old, bringing toast and juice and slippers to parents in the morning. It is a kind of role reversal that has taken place very early.

Third, these parents have no other reasonably good models in their early life. When you and I think back, it was not only our parents who were there for us, there was a favorite aunt, a good neighbor or a school teacher who really cared. These kids, for the most part, do not have that. The reason is that their parents can't tolerate it. They are so jealous when their child cares about anyone else that they prevent it.

Finally, these parents, as kids, grew up with a lot of physical abuse. It's not always true. Once in a while you will find an abusive parent who wasn't abused himself, but that is rare. You often find that these parents are not aware that they were abused—they consider their own abuse appropriate discipline because they had misbehaved.

With that kind of idea about their childhood, we can expect hell when they reach adolescence—and that's what happens. What you've got is an adolescent who has nothing going for him. So what frequently happens is they hook up with the first guy or gal they meet who looks the least bit appealing. They marry very young and they have incredible expectations. They hope that their new spouse is going to meet all their needs and make up to them for all the deprivation they have had. And when it doesn't work, they get disappointed.

So, as that marriage disappoints them, they turn to a baby as the ultimate solution. Most pregnancies in abusive families are planned. It's not so true with neglect, but it's very true of abuse. Abortion is not, therefore, the answer because these people want their children—but they want them in order to satisfy their own needs.

At the time of birth many things can go wrong. The child can be of the wrong sex, for example, or the baby can be premature. Sometimes, the baby just cries and fusses a lot. I've seen young mothers shake their babies in the nursery at a very early stage when the baby is screaming, and they say, "Look, he's already mad at me; he already knows that I'm not going to be a good mother."

Very often, abusive parents have very poor marital relationships and, very frequently, a poor sexual relationship as well. These parents get very little pleasure out of life. They have often never been to a party or a movie. By the time the children are 3 or so, many of these same characteristics can be seen. They also don't know how to have fun. We put them into the play room and they just stand there and, often there is a kind of depression about them. Others are still fighting. These children haven't retreated yet; they still have some faith that they can change things and are not afraid to protest, even though it gets them into trouble.

Our main goal in working with parents is to stop the physical abuse. We all have many other kinds of goals for parents, but if we're going to treat them around child abuse, that has to be our primary goal. To get to that, however, there are many other substeps that we have to go

through. It means helping a parent feel better about himself, helping him to use lifelines, to develop a sense of trust and to have some faith in other people and in himself. It also means creating for him some pleasurable kinds of experiences, in groups or as an individual, so that he can start having some fun and allow his child to have fun also. These are hard steps and they take a long time.

Treatment for child abusers is not seven or nine months, it's years. We never close a case at the center. We continue with our families on a never-ending basis. That doesn't mean we see them every week because we couldn't do that. It means that we say to them, "When you find yourself in crisis again, don't wait—come back." That is the kind of availability that has to be provided. One of the reasons that child welfare departments have so many difficulties is because, with their caseloads, they need to close cases and move on. The only way a parent can get back into the system is to create another crisis.

In terms of treatment, there are two things to keep in mind. You have to have the right people doing it, and you have to have the right type of modality. In terms of the people, we look for people who have basically good backgrounds themselves; people who have a lot to give. They need to be people who can tolerate the dependency of others because that's what is going to happen. Whether you're an analyst or a paraprofessional, you're going to become a parent figure to these people.

We look for employees who are willing to be available, who give out home phone numbers and who will work on a weekend if need be. They must be very cautious about giving advice and slow with criticism. And they must be willing to wait for change in small steps. If you expect overnight cures, this is not the kind of work for you.

In terms of modalities, I'd like to give you an overview of some of the things we've tried at the center. We don't believe they are the only modalities for child abuse, but they are things that work for us and that other places around the country are beginning to try.

First of all, we believe very strongly in what we call a "lay therapy program." This is a program of paraprofessionals who are very carefully screened and trained to be mothering figures and friends to abusive parents. They do most of their work in the parents' home, and they are available on call. They spend a lot of time with families initially, up to 10 hours a week when the case is new. In our years with lay therapists, only once have we had a child get a serious reinjury when there was a lay therapist involved with the family.

Second, as a sort of a backup service, there is what we call a "crisis nursery." This is a dropoff facility—open 24 hours a day every day of the year—where parents under stress can leave their children with very few questions asked. When we started out, we used a lot of volunteers and a lot of college students. With experience our wisdom has increased and we now realize that these children are very disturbed and they need very good care. You can't use volunteers who know nothing about child development and expect good things to happen. You can supplement the staff with college-level people and volunteers, but you've got to have somebody on every shift who knows what to do with these kids.

Another type of treatment that has worked very well across the country is Parents Anonymous. These groups are usually started by parents and under professional sponsorship. We also believe there is a place for more traditional group psychotherapy. Some of our parents are not so afraid of authority figures and don't need the "anonymous" connotations.

For a long time we neglected the needs of the children and directed most of our treatment toward parents. Now we have play therapy programs and therapeutic play schools for children. Just like we don't close the case on the parent, we don't close the case on the child. There was one child that had been in treatment 10 months before his mother pulled him out. A therapist tried very hard to understand the reason for this, but the mother wouldn't bring him back. Nine months later she asked if she could bring him back again and, without any red tape, we started the same week. That kind of

availability needs to be provided for the children as well as for the parents.

The last kind of treatment I want to mention here today is very experimental and, at this point, I'm not advocating it—that is, residential family care. For a long time we've been saddened by what we see happening in families when children are put into foster care. Recently, we've begun taking whole family units into the center as an alternative to foster care. There have been headaches! We were not prepared for the chaos and disorganization that it creates. But we're very hopeful because it is an opportunity to get in there and move things much more quickly. Of course this is a selected group of people—parents who are motivated to put up with the difficulties of group living in order to have their children with them. In the next couple of years we hope to have a lot more to say about this.

Finally, I'd like to share with you some of the reasons things are not happening. There are lay therapy programs, crisis nurseries and so forth being started across the country, but in many places nothing is happening. I believe that when it comes right down to it, it's not just money. It's what Brian [Fraser] referred to as "territorial imperative"—the difficulty that disciplines have in working together. Social workers have for a long time claimed child abuse as their specialty and that just can't happen. The multidisciplinary approach is the only way to go.

If we work together, we can do a lot of things. For me, personally, sometimes the business of working together, getting financing and working on administrative problems is more difficult than working with abusive parents. As depressing as it seems, in terms of what these parents are like, you do see a change and it is hopeful. And that's the thought I would like to leave you with today—there really is hope.

III. Day Care Issues

The third day of the conferences was devoted to day care issues that are of current concern in the states and in Washington. Sam Granato, former director of the Day Care Services Division of the Office of Child Development (now director of Alaska's division of social services) commented on the inadequacies of existing licensing practices and on possible means of dealing with them.

As many of you may know, I have been on special assignment during the past two and one-half years in Vermont and Oregon working with state children's agencies. During that period I was fortunate to participate in some of the valuable work done by ECS and, thus, keep in touch with the realities of what has been happening elsewhere in the nation.

As a result, I have come to believe that there are five key tasks in day care with which we should concern ourselves during the next two years:

- To ensure that federal standards (FIDCR) are appropriately drawn and defensible, in scientific terms, as minimums to achieve developmental goals.
- To increase management capabilities and to ensure that our practices are geared to making the best use of limited funds.
- To improve our capabilities and techniques for self-assessment at the day care facility level.
- To either abandon regulation of day care services or to strengthen present licensing systems so that an adequate job can be done.
- To build throughout the nation neighborhood day care service systems that include family day care homes.

Recently, two significant events give us focus: the passage of Title XX of the Social Security Act (the Social Services Amendments of 1974) and the HEW audit of child care in nine states that was reported on late in 1974.

By requiring in Title XX that the 1968 version of FIDCR be maintained in force until 1977, it seems that Congress, in principle, supports a concept of day care services that is developmental in nature. At issue, however, is the appropriateness of the particular standards embodied in FIDCR. Accordingly, Congress has required that the Secretary of Health, Education and Welfare conduct an evaluation to determine their appropriateness and to report his findings to Congress in 1977.

The Office of Child Development, anticipating the need to examine the viability of FIDCR standards, now has begun a major research study aimed at determining in scientific terms: the effects of different child/staff ratios on the behavior and development of children in day care and the effects of different levels of caregiver professionalism and performance as they affect the development of children in care. The interrelationship of these two factors, which highly influence personnel costs, will also be examined. The study will include care in day care centers and family day care homes. It is expected to be concluded in 1977 and will provide significant information for the report to Congress.

Meanwhile, the DHEW audit has provided us with more than enough to do before 1977. According to the audit, our track record is not good. In the nine states examined, it was found that the provisions of federal, state and local requirements were generally not met. To be specific, of 607 day care facilities reviewed, 432 (40 percent) did not meet the required child/staff ratios; of 552 facilities reviewed, 425 (77 percent) did not meet basic health and safety requirements. As a result of these findings, SRS [Social Rehabilitation Services, HEW] is planning to undertake a major review of state activities in day care to identify specific areas of noncompliance and to assist states in meeting requirements.

States, with the help of SRS, must begin to establish and implement reliable systems for ensuring that required standards are met and maintained at the day care facility level, for providing the training and technical assistance necessary to accomplish that goal, and for ensuring that maximum use is made of the funds

available. Such activity is now under way in HEW Region X (Alaska, Washington, Oregon and Idaho) where the federal government, the states and day care operators are working cooperatively to assess their activities, to identify specific problems to be resolved and to develop plans for improvement.

If we are to regulate effectively, licensing staffs must be increased, training of licensors must be continuous, new techniques must be developed and implemented, and support must be forthcoming when legal action is required. More should be done to increase public awareness and public support of licensing and more should be done to help parents evaluate potential day care arrangements before placing their children—and to report to the licensing agency any situation they believe to be below standard. Publically financed day care programs should provide for incentive payments as a means of encouraging improvements. And, training and technical assistance should be extended to *all* day care operations willing to engage in a program of self-assessment and quality improvement.

Lastly, I believe that it is essential that we begin to establish, on a neighborhood basis throughout the nation, systems of day care that include homes as well as centers. We can no longer allow the myth to continue that developmental goals can be achieved only through center arrangements. Family day care is not only an appropriate, but often a desirable vehicle for achieving development of children. This has been demonstrated repeatedly in the experience of many of us and it was recently reinforced in a special demonstration project sponsored by OCD.

The project sites studied were in Oregon, Wisconsin, Montana, Oklahoma, Alabama and Pennsylvania. I commend to your review the report of this project (DHEW Publication No. OHD 75-1074, *Final Report on Family Home Day Care Systems Demonstration Project*) and an additional document that describes the value of such systems, *A Family Day Care Study* (Child Care Resource Center: Cambridge, Massachusetts). The latter document provides a great deal of useful information about the experience of nine neighborhood systems in the state.

Neighborhood-based day care systems should, I believe, be the base on which we build improved and expanded services. They provide a means for simplifying for parents the identification of good day care resources and they provide the opportunity for assisting parents in selecting a plan that makes sense for their child without being bounced from agency to agency. They provide a vehicle for planned self-assessment and for focusing ongoing training and technical assistance. And they provide a means for elevating the status of caregivers to a level in keeping with their duties and responsibilities. They also provide a means for improved funds management and, finally, they provide a vehicle for improved regulation.

This, then, is where I believe we should be putting our emphasis in the years to come. If we succeed, then we will have a foundation on which day care services in the nation can be expanded and improved.

Rolland Gerhart Jr., director of the Vermont Office of Child Development, discussed the practical requirements of a good day care licensing system.

We are here to examine the practical problems of delivering services to young children and their families. Day care licensing not only has its problems—in administration, implementation and politics—but it is often considered a problem itself, one of the more formidable problems in the way of offering services to children and their families.

Like so many other people in the area of day care licensing, I have had the opportunity to participate in both the implementation of licensing as a licenser and the administration of licensing as an executive. During these several years, I have learned about the public frustration with licensing as well as the internal frustration within licensing. Although I am sure I have not had to wrestle with all the questions there are about licensing and certainly feel I do not have all the answers, I do have some suggestions to humbly offer toward solving some licensing problems.

A good, viable licensing law is essential to building popular public support, and operational equity and honesty. But the bigger law is not necessarily the better law. Neither is a clear law or a vague law necessarily the better law. The better law is the document that articulates the state's conscience and will toward regulating day care services with realistic intentions to use its resources and regulatory powers. Laws that mean what they say and say what they mean have the best chance of being understood, supported, implemented and enforced.

I am told that some state day care licensing laws are somewhere between the "Impossible Dream" and "Mission Impossible." Some states have to labor because of their law and some states labor against the pressure of the awkwardness of their law. A good law is one you can comfortably and confidently work with.

Regulations or requirements are a more popular area of confrontation and confusion than the law simply because there are more of them all the time. Not only is the number of regulations amazing–emphasis on *maze*–but the interpretive material or apology surrounding them is, at times, something to behold.

Some regulations have whole symphony scores of footnotes following, or the "satisfactory compliance" schemes attending are so directive or imaginative that one could wonder if regulations or requirements might someday become an art form or a new type of poetry. I am sure we all can think of many reasons why a regulation needs to be, but simplicity–born of the recognition that they are designed to educate, protect and serve the public–should be as big a consideration in regulation writing as the legal regulatory intent. Regulations that need continual apology or explanation can drain the resources of the licensing agency even before their regulatory efficacy begins.

To have a good home and a legitimate status is important to a state's licensing administration. The hierarchical system in which licensing resides is an important factor in what kind of licensing you will have. How far up or down the ladder of power or prestige your licensing administration is located may propose, if not lock in, its success or failure and determine if it's for real or window dressing. Since licensing can be a political headache and irritant–because it so often involves the confrontation of the will of the state and the behavior of a citizen–every licensing question should not become a political crisis for the governor. Too high an executive niche for the licensing administration can provide its own problems due to overexposure to politics and the ultraprecarious sensitivity that high public office has. On the other hand, licensing has too often suffered as a stepchild of questionable value and legitimacy, attached by default or historical accident to some division of some state agency.

Often, licensing has been placed incompatibly within social welfare placement agencies or within the same division of government that operates or purchases licensed day care. These two misplacements are serious conflicts of interest. Licensing administrations must have positions of power, respectable and viable enough to meet the intent of the law. In line departments or agencies, licensing should have a direct line to the commissioner, as does placement, protective and social services.

Now, once having taken care of the political, textual and administrative problems, what do we do? How do we efficiently, effectively and pleasantly get the licensing job done? The answer is through clearly defined work systems and divisions of labor. There are few mysteries, if any, to work: success in licensing requires work, policies, plans, procedures, materials and personnel.

Whatever your system might be, it eventually stands or falls on its personnel. Manpower is a big question. Licensing needs manpower or, if you prefer, person power to succeed. A realistic quantifying of the job in terms of job duties, responsibilities and numbers is a critical factor. Some licensing offices are like Cadillacs or Lincolns running on Honda motorcycle engies. A model day care licensing unit cannot be built on promises, spirits or fantasies–it needs bodies, live workers. Staff inservice training is an inescapable necessity since a regulatory orientation is not usually brought to the job by new employees.

Systems that control the flow of work, manage deadlines, expiration dates and serve the licenser are demanded if licensing is to succeed. Licensers are more often equal victims with applicants and licensees to deadlines, expiration dates and paper work. Control systems that manage the work not the worker, can be instituted. A good management system requires of itself that a licenser do a level of work above clerking, typing, paper pushing and calendar watching. Rather the licenser works as a trained observer, evaluator, assessor, negotiator and documentor.

Where day care licensing is dependent on other divisions of government, such as fire prevention, public health, environmental protection or certification—or whatever else—the day care licensing administration must have leadership and coordination authority if not integrating authority.

Gwen Morgan's recent article about day care licensing is too true.[1] Licensing is the great chase to somewhere and often to nowhere. The *one-stop licensing shop* is a possibility as well as a model. The shingle ought to say "Licenses" not "Travel Bureau" with "Start here for your semiguided safari into the wonderful world of state bureaucracy."

States with strong leadership can accommodate the turf problems of strong historic agencies and succeed in making a straight line between start and finish in the pursuit of a day care license. There is a way to get it all together and live happily ever after.

Last, licensing can be helped along and strengthened by offering technical assistance and consultation to licensees and applicants to meet licensing requirements and quality standards. Much desired movement toward compliance and better quality day care results from assistance rather than enforcement. Licensing and consultation are difficult to put together without diluting your regulatory base, but it can be done and is being done. A model day care licensing system has in-house resources to help the operator succeed.

I guess if this presentation was a TV show, it would be time for a commercial or the words of the sponsor. Who is our sponsor—for whom do we work? Day care licensing is not the sponsor of children, families or itself—a model day care licensing program works for and on behalf of children and families. As long as we keep this in mind, we'll all have our show.

Gwen Morgan, special consultant for the Massachusetts Office for Children, discussed the distinctions between minimum licensing standards for child care and standards that assure quality child care programs. She also described the ways in which quality may be promoted and the necessity of organizing them into rational public policy.

For years, child advocates have been pushing for more day care. Concern has been expressed over the well-known statistics showing the enormous gap between the number of children of working mothers and the number of children in licensed day care programs. Yet all along, the day care advocates have been expressing an equal concern over quality. The press for more services must not result in a sacrifice of the quality children need. We have very solid scientific evidence that poor programs can do serious harm.

The states have many ways of encouraging or requiring quality. Some of these ways are appropriate for a basic level of quality that protects all children in child care, others are appropriate for assuring a higher level of quality. All rest on a base of public support. States need to think through each of these various ways and make some clear decisions about where to place the emphasis in order to design a system that relates them to one another.

Licensing and regulation, as ways of guaranteeing quality, are more important than the attention that has been given them in public policy making. Public policy discussions, including discussion of delivery systems, have understated the importance of this kind of consumer protection. There was little federal sup-

[1] **Gwen Morgan, "Day Care Licensing—It's Time to Change the Rules on Regulations,"** ***Day Care and Early Childhood,*** **Sept. 1974.**

port until the recent catalytic studies by the Office of Child Development. Yet licensing is our most important preventive consumer protection program, guaranteeing the rights of children and families to adequate care while protecting the constitutional rights of operators.

Why the lack of attention to quality support in public policy? There has been, first of all, confusion in public policy and failure to distinguish regulatory from nonregulatory functions (such as child placement). There has also been failure to distinguish one type of regulation from another—for example, licensing resulting from safety or health regulations as opposed to licensing resulting from funding requirements. In addition to the confusion, there has been a lack of interest.

I believe one reason for this indifference probably stems from a basic resistance to authority common to us all. As Americans, we inherit a strong strain of "rugged individualism" that makes us uncomfortable with authority. Licensing staff inherit it, licensees inherit it and the public in general inherits it. Yet, whenever any problem arises in our society, a typically American response is to generate more regulatory law. Thus, while regulation is a typically American form of social action, our discomfort with authority makes us generally hostile to its enforcement.

A final reason for our lack of interest in licensing may be the fact that there are indeed serious problems in our licensing programs that need correction.

Licensing is a form of class advocacy—in contrast with case advocacy—that protects all children from potentially harmful conditions. When properly implemented, it is a way of assuring a base line of quality below which no program may operate legally. Norris Class, in his classic booklet published by the Children's Bureau (No. 462)[2] describes a sound licensing program that heavily involves consumers and operators in setting standards. A regulatory system of this kind could be used to assure rights in much the same way as civil rights and fair employment legislation have been used.

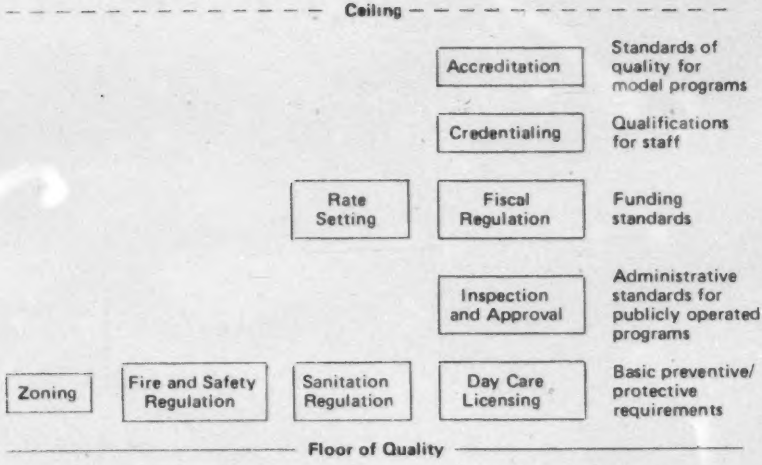
We need better training of licensing staffs, the public, and especially the policy makers in the potential benefits of a well-run licensing program. In many states, licensing staffs are now beginning to have greater access, through training and counsel from attorney general's offices, to sound regulatory concepts and procedures. But they will not be able to take any action based on their new learning if the policy makers above them remain indifferent to the potential of licensing, confused between different forms of regulation and unwilling to hold the line of quality in the face of pressure for more services.

We need a common terminology and a common conceptual framework to talk about regulation and other ways of achieving quality. Mr. Class has attempted to develop this common framework for discussion. Imagine a solid line, representing a "floor" of quality—the line drawn by the state in establishing its licensing requirements. The requirements, representing a consensus of different interests, are grouped at the line. Operating below that line would then be outlawed on the basis that it is harmful. Also at the base line are health regulation and safety regulation.

Other methods of regulation establish other requirements that are above the base level. High quality standards, for model programs, represent a "ceiling" of quality to which we aspire. This line can be represented by a dotted line. Between the floor and the ceiling different kinds of regulation can be represented. [See chart, page 26.]

There are other ways of approaching the question of quality that are not regulatory. They include consultation, education of the public, community organization, training, evaluation and information centers. These different ways—regulatory and nonregulatory—of approaching quality can be given different emphases, linked together in different ways, provided by the same or different agencies (or by the same or different staffs within an agency). But they need to be thought through, and some rational

[2] Norris Class, *Licensing of Child Care Facilities by State Welfare Departments: A Conceptual Statement*, a publication of The Children's Bureau, Report No. 462 (Washington, D.C.: U.S. Government Printing Office, 1968).



relationship between them needs to be established.

In each state, decision makers should be asking: Should it be done? Who should do it? What should be combined and what should be separate? How can it be done with the least overlap and duplication? How can it be done in the least amount of time for the operator? How can it be done without inhibiting the growth of a needed service?

Starting with the box in the bottom right corner [in the chart], we find *day care licensing*—the cornerstone of a state's regulatory system. Its requirements represent a base line of quality below which no program may legally operate. We can argue about where that base line should be drawn and how close it should be to the level of quality specified in funding requirements, but there can be no argument that, where there is licensing, there is the drawing of a line that represents a floor of quality. Day care licensing laws are not the only base line regulatory laws that apply to child care and day care licensing requirements are not the only requirements.

Safety requirements came about because citizens, concerned with preventing children from being injured or dying in fires, demanded legislative action to require building inspection according to a minimum code. *Health* requirements came about because citizens, concerned with preventing the spread of epidemic diseases, demanded legislative action to enforce minimum health codes. *Zoning* laws came about because states permit local communities to engage in land use planning and control.

To the operator seeking zoning approval, health approval, safety approval and day care licensing, this base line regulation appears as a system that doesn't work very well. It is important to understand that they are wrong in their diagnosis—it is not a system that works badly. The problem is that *there is no system.* Instead there are four different major regulatory interventions, stemming from four different bureaucracies, created by four different pieces of legislation, inspired by four constituencies with differing attitudes.

If the states are concerned for the children not in day care, but who also need the same health, safety and care which these programs offer families, steps must be taken to create a system out of these regulatory actions, and that may require further legislation in some states. There is a federal model statute that is a start in terms of thinking through what should be in a licensing bill. In some states, however, it may be desirable to add sections amending health, safety or other legislation that may also impact

upon day care and to mandate some system and some relationship between them.

Regulation through *zoning* is different in nature from the other three base line types of regulation since it focuses on land rather than on human protection. Zoning has been misused by local communities to inhibit services. In Massachusetts, we have decided that the licensing office should not be responsible for enforcing zoning and that day care should be exempt from zoning.

To move up a level in the list of regulations, the one listed above day care licensing is *inspections and approval.* This is a term used by Mr. Class to indicate that a different method of regulation is used when a public agency operates a program since licensing, by definition, is regulation of the private sector. If children are to receive equal protection, the public agency should provide service at least equal in quality to services provided in the private sector. Conceivably, the public agency might feel a responsibility to provide a higher level of quality than that required through licensing, which is my reason for placing that box at a higher level than licensing.

Fiscal regulation has to do with assuring that standards appropriate for the expenditure of public funds are met. Head Start guidelines and performance standards are examples of this type of regulation. The Federal Interagency Day Care Requirements (FIDCR) are funding standards. I believe they should represent a higher level of quality than base line licensing requirements. Government, when it purchases child care, should specify a level of quality desirable for the achievement of the program goals rather than only the base line quality necessary for the prevention of predictable harm.

We have yet to develop an effective monitoring system. The federal audit of day care in nine states by HEW is a good example of the difficulty in auditing quality from the federal level. The audit makes assumptions about safety and health regulations that could be challenged and it does not draw attention to the problems that local day care programs faced during that period of constantly shifting federal goals and pressures to implement new, as yet not adopted, regulations for eligibility.

Quality monitoring is a type of regulation that needs further discussion and work. The state may be the appropriate level from which to develop a strong system for monitoring program quality. It is very important to find ways to reduce the number of people inspecting and monitoring the same program. For this reason, some experimenting with the use of state licensing staff for monitoring a number of programs on behalf of federal agencies has been suggested. This is an entirely different function than licensing and would require good training for staff to perform the two functions without confusion.

The other side of the coin of standard setting in fiscal regulation, is *rate setting.* Rate setting as a form of regulation needs to be based on funding standards and the actual costs of meeting them. Massachusetts has developed a workable method of computing center rates based on costs related to standards and is now working on a rate for family day care services.

Credentialing has to do with staff. There are many issues to be addressed in any discussion of credentialing. Would we need licensing if we had good credentialing? Who would be credentialed? The federal Office of Child Development is working on a competency-based credential for a caregiver; others have suggested credentialing directors. Texas has a recent law requiring the credentialing of directors of residential programs. As public schools extend their programs for special-needs children down to age 3, it is likely that an early childhood credential will develop in many more states for work with young children in schools. Assessment of competency still raises many unresolved issues, and not much as yet has been done to resolve them.

Accreditation is a way of setting some goal standards for model programs. One model of accreditation is voluntary, with standards established by peers, and some way of providing consultation leading to a seal of approval. This could be done entirely in the private sector; it could be publicly funded in the private sector; or it could be a state or city program. Chief among many issues is the difficulty of

agreeing on what constitutes high quality. It is worth pursuing, however, because recognition of quality programs makes clear the distinction between minimum licensing requirements and standards for quality. Operators would not wave their licenses on high—as if they were a banner of quality rather than permission to operate—if there were a system that established an actual banner of quality that they could choose to seek.

All of these ways of achieving quality need planning and a rational system into which they fit together coherently. To focus for a moment on the most basic and, in spite of all the difficulties, the most important—day care licensing—I believe that effective and helpful licensing is an attainable goal for states. It may take some additional staff in those states that have had a mythical licensing program in the past, but the increase will be modest and will not accelerate in any drastic way. There will need to be better staff development programs for licensing workers. Federal support for this training and more federal support for licensing generally would bring some help to the day care scene.

It is time for licensing to be given the attention it deserves in public policy. I would press for the same priority for preventive class advocacy for children as is now being given to case advocacy. If states cannot develop a commitment to program quality, our programs will consistently fail to achieve their goals. We will perpetuate our past patterns of low quality services that endanger children, waste funds and have services whose negative consequences outweigh their positive value.

The future success of our day care and other social programs depends upon a commitment at high levels to regulation in its various forms and a conceptual understanding of how to put this commitment into action.

Nancy Travis, director of the Southeastern Regional Office of the Day Care and Child Development Council of America, Atlanta, Georgia, completed the session on day care issues by discussing the variations in the delivery of child care services.

To fill in what was said this morning in relation to alternatives, we use a lot of terms interchangeably. We talk about child development programs, child care, day care, early childhood programs, and I think this must be quite confusing to the layperson or to the legislator who is being asked to appropriate money for these various kinds of things.

I believe we need to be thinking much more broadly than the full-day program. We need that in certain instances, but there is a real need for the half-day program (like Head Start), for some of the early education programs in schools, for some of the outreach programs like we're doing in rural Georgia—where we go into the homes of parents of very young children and work with them toward being better teachers of their own children.

The full-day day care center is a rather specialized form of service that is badly needed when parents are working, when there are serious health problems in the home or when other kinds of burdens make it necessary to give parents that degree of help.

All of these services, however, have common components. No matter what type it is, it should have a well-defined, well-thoughtout educational component. There needs to be a health component, although this will vary depending on the program. It may be only connecting the family with appropriate health services or it may mean supplementary feeding to assure nutrition.

The same holds true with social services. In some instances we have people on a staff that provide these services. In others, it means that the nursery school teacher needs to know her community resources so that she can make appropriate referrals. Again, this has to be geared to the need of the particular family being served.

When you come to the long, full-day day care program, very careful thought needs to be given because this is a tremendous responsibility. Children may begin in infancy and continue on a part-time basis until they are 12 years old or more. Children may be in programs for 9 hours a day, 5 days a week, 52 weeks a year. These programs, therefore, need to

be very carefully designed to be support systems for the family, a supplement to the family that does not try to replace the family. I think that some of us, in our wisdom, sometimes forget that this is not our role.

When we think about different kinds of services, we tend to think first of the group day care center for the child between 2 and 6 years of age. This is probably the best known type of care, although statistically it has provided very little day care service in this country as opposed to other kinds of arrangements.

There is still a need for in-home care where an outside person comes into the child's own home to provide care while the mother is out of the home. This will probably continue to be a form of service sought by many middle-class familie. It is getting more and more difficult to do that because of the lack of people who are willing to provide this kind of service. It has become increasingly necessary to pay minimum wages and overtime so it has become a very complicated form of service. Nonetheless, it is one that should be part of a total system, particularly for children with very special needs. It should also be available when there is a problem of child abuse, as a temporary arrangement.

Family day care is one type of service that is being used more and more. It is also one of the alternatives that should be available. It needs to be brought into the system of care, rather than being isolated as an individualized program. This is important, in terms of the regulatory procedures that need to be taken care of, if we are to assure that floor of quality that Gwen [Morgan] mentioned. It also makes it possible to deploy materials, to provide training and to provide ongoing supervision so that the care is developmental and educational as well as custodial.

We need to find ways to insure better nutrition in family day care because the major support for family day care is still averaging about $15 to $20 per week—and the family day care mother is expected to provide food as part of that fee.

In any kind of child development program we talk about parent involvement. I would like to say a word for a system of day care that provides alternatives within the system, so that a parent could deal with just one agency. For example, the parent might want to use family day care for an infant and a group setting for a 4-year-old without having to relate to a great many different agencies. Some parents have their older children in as many as three or four different schools (perhaps because of busing patterns), and if they also have two different day care placements—and they are all making demands on them—it becomes very impractical, to say the least.

We have not explored the possibility of combining family day care and half-day programs. It seems to me that there are some real possibilities for children to be in family day care a good part of the time, but also in a group situation for some additional experiences—experiences that a family day care mother with four or five children of different ages may not be able to provide in the home. This can be done either on the basis of individual children going out, or it can be done with several family day care mothers being brought together with their children. In addition to providing added experience for the children, this approach could allow some time for planning and training for day care mothers.

Regardless of who is responsible for the day care system, let's have some flexibility within the system. Let's have some flexibility so that there will be alternatives for children whose needs differ and so parents can have some real choices. For the most part, parents have not had real choices. I believe that in designing systems, we can keep some flexibility without jeopardizing efficiency in the delivery of programs.

At the Federal Level

Among the contributions of the many keynote speakers at the regional conferences was a review and analysis of federal programs along with recommendations for the future. While speakers addressed issues of immediate concern, they also provided insights that have enduring value.

Jule Sugarman, currently Atlanta's chief administrative officer, discussed the early years of the Head Start program.

I'd like to take you back about 10 years this month [March 1965], because it was just about then that Sargent Shriver went to the White House with a plan that called for the creation of a program called Head Start. That program was, in many ways, a unique turning point in the history of child development in this country.

One day my boss came back from a meeting in Mr. Shriver's office and said, "Guess what? We're going to have a Kiddie Corps!" That turned a lot of us off at first, but the more we thought about it, the more we realized that here indeed was a potential. We looked at the research—even in those days—and understood the importance of the first five years of life.

We pulled together a group of about a dozen men and women and we sat down and planned what ought to happen on behalf of young children. We reached some conclusions. Whatever we did, we decided, it had to be a comprehensive program. It shouldn't be just education, just health, just social services, just nutrition or just parent education—but it ought to be all of those things grouped together reinforcing each other.

Most of the people who were associated with the planning of Head Start were either psychologists or physicians: pediatricians, nurses, child psychologists and so on. Only two persons on that entire task force were formal early childhood educators, yet they brought such a richness of viewpoint that, I think, a really solid concept of what could be done for young children emerged.

The program grew and, in a very short period of time, Head Start blossomed out all over America. In some ways it brought out in the American public, I think, a sort of latent concern for children that was often obscured in the things they did. If only that same spirit—that highly encouraging and optimistic spirit that began Head Start and which in very significant ways affected the country—had continued all these years.

One of the reasons that it hasn't is that we in America have an impatience with public programs that allows them a very short half-life. We get wildly enthusiastic about some idea for a period of two, three or four years; but then we start picking it apart saying that it doesn't work, that it's a failure. I can tell you that no public program I have ever seen works in anything less than 10 years. The American public doesn't have that kind of patience and neither does the Congress and neither do the state legislatures.

A lot of people said, "It won't make any difference in 20 years." Nobody knows whether it will or not, but let me simply say that if it makes a difference today and tomorrow and the next day in the lives of probably close to a million kids, then it does make a difference. One simply cannot rule out as unimportant the potential for children to have one, two, three or four good years in their lives that they otherwise might not have had.

I happen to believe that child development programs can, and will in the future, do a lot more than that. Properly developed, properly staffed, properly researched and properly trained, we have the capacity to really make some significant differences in the lives of children.

Betti Whaley, commissioner of New York City's Agency for Child Development, discussed the need for planning and coordination, and the need for advocacy for publicly supported child and family services.

In many ways, we are at a pivotal point in our policy-making processes. Never in our history have so many contradictory problems simultaneously visited themselves upon us. With a grave recession, we have an ever-increasing cost of living. With a staggering rate of unemployment, there is no indication that lessened purchasing power is going to bring prices down, a fact that absolutely contradicts the standard law of supply and demand.

More and more women—out of economic need or because they are single heads of households or because they have responded to the spirit of the newly liberated women—seek to join the labor force at a time when jobs are in shorter supply than they have been since 1933. There is concomitant growing need for more and more subsidized services to children at a time when government is less and less able to meet that need; not only because of the economic restraints faced by state and local governments, but also because of our federal administration's apparent unwillingness to acknowledge that the poor need more, not less.

Perhaps it is true that a nation's budget priorities are not the only criteria by which to measure its concerns for its population. Surely they are, however, a significant reflection of where we stand as a nation in relation to what we are willing to do to enhance family life, develop maximum human potential and commit ourselves to the principle that people are more important than profit. But even in areas that don't entail greater expenditures, we seem to ignore the human element and implement programs that, in spite of their good intentions, serve only to further erode the quality of family life.

The advocate voice of Americans can have a powerful effect upon government's response. We saw this recently with the development of environmental impact statements. Surely our families, one of our most valuable resources, deserve no less attention than our environment. A carefully conceived and thoughtfully implemented national family impact statement is an obvious means by which to call a halt to our present fragmented system of planning and delivering human services.

As states such as Massachusetts and Pennsylvania publish the results of studies on their new offices of child development, I think it is fair to conclude that there is an increasing awareness of the need to coordinate services to children and families, and to allocate public funds in ways that will enhance family viability and ensure the maximum development of human potential. New York is planning an advocate arm of the state government and I am proud to associate myself with the advocate role played by my agency.

Consider the kinds of legislation that have recently become law or are now before the Congress. Title XX not only makes it possible for states to raise the income eligibility for families that may receive subsidized human services, but it is causing states to develop new state plans for the design and delivery of those services. Legislation affecting federal funds for nutrition seem sure to pass, and when it does it will apply to all subsidized child care programs and not just some of them. Funds have been made available to allow Head Start centers to serve 10 percent handicapped children, fulfilling the Congressional mandate.

And, perhaps most exciting of all, we must consider the broad implications of the Child and Family Services Act, introduced earlier this year. It is a bill that stands to play a vital role in the lives of Americans—in terms of both the infusion of new money for human services and the comprehensive nature of the services it encompasses.

Surely it is possible to look upon this confluence of progressive legislation and believe that there is hope on the horizon. Optimism is, at least in small measure, justified. The fact that the Congress now includes 75 new and, for the most part, younger members, is also a hopeful sign.

We are at a point now—today—that can allow us, as advocates, to move quickly to implement remedies that will reverse our long-standing injustices to children. What we need is a plan for action—a plan that is as much the responsibility of those outside the framework of government as it is of those within it. We stand now at a pivotal point in the development of this nation. What we do to influence future decisions can and will have an immense impact on generations to come.

Georgia State Senator Julian Bond discussed the need for, and possible ingredients of, comprehensive federal child care legislation.

From its origins in the 1850s, day care in this country has been the subject of unending debate. While many day care proponents have unrealistically high expectations for the program, its detractors have ignored existing realities. As the purchasing power of the dollar declines, as more and more families require assistance and as the unemployment rolls grow, the general sense of economic insecurity may well be forcing more mothers to take part-time jobs and more new mothers into the work force after their children are born.

The need for comprehensive federal legislation is overwhelming. For example, 40 percent of the young children in this country are not even fully immunized against childhood diseases; approximately 10 million poor children receive no health care at all. Over four million children have limited or no English-speaking ability and only a handful are enrolled in bilingual/bicultural programs.

Although I advocate an adequate income maintenance program for poor families, such a program would not eliminate the need for public funds to encourage the development of facilities and services for children. Inaccessibility to child development services exists now—not only because people do not have the money to pay for such services, but because the services do not exist.

The principal objective of federal legislation must be to provide services to families who want and need them in order to meet the comprehensive needs of their children. Let me emphasize that child care legislation must be supportive of families and that child care needs differ from family to family and from community to community—as do the capacities of community institutions to meet those needs. The community itself must be able to assess its overall child care needs, to make local choices about the types of services to be offered and to determine who within the community should provide those services so that families have options. And, finally, critical to the success of child care programs is the involvement of parents.

I've discussed the need for comprehensive child development legislation at the federal level. However, I should remind you that political pressure for change can and must be brought to bear on the local and state levels as well. As far as state government is concerned, three of the states in our region (Florida, South Carolina and Tennessee) have committed state monies for day care. But, I understand that a number of Southern states are turning back Title XX money that could be matched by state money for the support of day care centers.

Keep in mind that 60 percent of revenue-sharing funds spent by state governments go for education. There is no reason why a portion of that should not go for developmental day care. At the county and local levels, federal revenue-sharing funds are available under the category of social services for the poor and aged. I would recommend putting pressure on city hall, city councils and county commissioners.

Let me close by thanking you for the opportunity to be here today to meet with the experts and to sound out some of my ideas. It is now my responsibility as a legislator to attempt to bring about needed change through the political process. I welcome your advice and pledge to use my position to accomplish the objectives to which we are committed.

Orval Hansen, former U.S. representative and member of the Education and Labor Committee, discussed the pending Child and Family Services Act, stressing the need for state involvement in the future implementation of the act.

I thought it might be useful to take a look at the federal scene—to look at what has happened and what is likely to happen at the federal level in terms of early childhood legislation, especially its implications for the states.

My work began more than six years ago when I was a freshman in the House of Representatives. I was appointed to the Education and Labor Committee and moved into what I perceived to be one of the biggest vacuums in the Congress—

early childhood. There seemed to be an ongoing effort in most of the other areas, in higher education, vocational education, elementary/secondary education and so forth, but this was an area that was largely being neglected.

It was a matter of moving into that vacuum to build, or attempt to build, a legislative mechanism that would provide a means to enable the federal government to meet its responsibility in the total effort. You probably know the story. We have not succeeded yet. We still do not have a comprehensive law on the books. But in the process I think we have moved closer together in terms of reaching agreement on what is needed from the federal government and at the same time, we have learned more about the total needs and the best way to respond.

Of greatest interest to this conference is that, hopefully, there should be a major role for the state governments in any kind of a comprehensive program. This was lacking, I might note, in the first legislation passed in 1971. That contributed to the administrative weakness, in my judgment, that made it difficult to generate the broad support across the country that was essential to getting it signed into law. And, unless the new comprehensive legislation will assign a major and meaningful role to the states, its chances of final success—or working after it is signed into law—are still somewhat doubtful.

That's why it's important that the states take an active role not only in helping to shape the legislation, but in demonstrating to the Congress and to many who are doubters, that the states have not only the will but the capacity to play a major role. It seems to me that we should work toward giving the states the initial opportunity to become a prime sponsor for the purposes of developing and administering programs within the states and to develop a comprehensive state plan and program. The states failing that, then steps should be taken to encourage other prime sponsors within the state.

A central purpose of the legislation that unfortunately was not sufficiently understood in the early years (and I hope it is better understood now), is that it is family- and home-centered. You can recall that we heard a lot of the scare talk when the opposition was being organized that resulted in a Presidential veto. They pictured the federal government tearing a child away from its mother's arms at the doorstep to be taken to some center to be brainwashed.

Of course, nothing could be further from the truth. The whole purpose of what we're attempting to do is to strengthen the home and the family as the place and the institution best able—and in many cases the only one able—to respond to the needs of young children. The new legislation, in a much clearer way, identifies this central purpose.

Another strong conviction that we developed in the evolution of this legislation was that we must avoid economic segregation. It is important that we deal initially with the most critical needs—the needs of families with low incomes, the needs of working mothers. But it is also important that we design programs that will reach the entire community so that we do not segregate children on the basis of their family's income and to assure that they can all have the same kind of experience.

There is also training, which is an area of special interest to me and which is provided for in the current legislation. It provides support for institutions of higher learning to help train specialists that are—and will be—in short supply.

Last in the list of features that I would like to see in legislation would be provisions for research.

The new legislation is not likely to pass very soon. There probably couldn't be a worse time in terms of the economic climate to talk about a fairly ambitious and comprehensive new program that anticipates increasing levels of spending in the coming years. I am sure that a much higher priority will be assigned to getting the economy back on the tracks than on any new departure that will lead to future commitments of funds.

While there is a sense of frustration over the time it has taken—and is likely to take in the next months or years—to get the first comprehensive law on the books, there is also great opportunity. There is an opportunity to demonstrate to the Congress that there is a willingness on the part of the states to assign a high priority, to commit state resources to early child-

hood and to demonstrate that there is the kind of capability and experience within the states needed to make a comprehensive program work once it's on the books.

My parting suggestion and plea would be to those of you in the states, if you share my goal of developing a total partnership involving the federal government, the states, the private sector, schools and others, in addressing the total needs of young children—that the best way we can assure the achievement of that goal is to build, at the grass roots level, an understanding of the need for attention to young children, of the disastrous consequences of neglect and of some of the enormous opportunities to help improve the quality of life, if we face up to that responsibility.

Expressing the viewpoint of an educator with a longstanding interest in early childhood development, U.S. Commissioner of Education T. H. Bell offered suggestions on how the public school system might contribute to meeting the needs of very young children and their families.

I first became interested in early childhood education back in the early 1960s when I read an article about it in *Reader's Digest*. In following up on that and in following up the sources—because I felt the writer had to be wrong—I became converted to the concept of education in the early years of life.

Since then, I have tried to read everything I could get hold of in the field of early childhood education. I wrote a book called *Your Child's Intellect: A Guide to Home-Based Preschool Education*, which is a sort of layman's approach in making a few suggestions to parents on how they might sponsor more wholesome and productive experiences in the home for their children.

I'm convinced that the first five years of life are the most crucial ones in a person's total lifetime and that we are not paying enough attention to those early years. We do not have a viable policy on the family or on the contribution it can make in the field of education.

I'm vitally concerned that we look more and more at the other end of the education partnership—the home. We all know that education is more than schooling—if we define schooling as attending a formal, organized school and if we define education as all those experiences that impact upon us and cause us to learn.

So much more needs to go into our concern than just formal schooling. I think one of the most important areas that we will need to concern ourselves about in the future is adult education for parenthood and for child care services. I've been proposing in numerous settings that we ought to begin to offer services, instruction and support to parents out of the neighborhood elementary school—that the neighborhood elementary school ought to assume a new role as a source for delivery of services for children in the neighborhood.

I believe that this can be done without an enormous amount of additional expense. First of all, our elementary schools—many of them—are finding available space to assume a new role. And, as you know, an elementary school plant is within walking distance for the great bulk of the population of the United States. So we have an opportunity there for a good and viable outreach program to parents.

The education system, the child development specialist, the social service groups, the public health people—all those who provide services—ought to be working together. Maybe the neighborhood elementary school can be a sort of home base for this, to provide training and services for parents and children.

Parents often do things unwittingly that they would not do if they had just a little bit of training. I have a doctorate in education and have studied my share of educational psychology, child development and all the rest of it. I know that in spite of all those benefits, I made a number of mistakes in the rearing of my own four boys.

For some reason, we just seem to feel that either you are born a good parent or you're going to learn how to be one by trial and error. I argue that we could teach a few fundamental principles that are very simple and easy to learn and that we ought to be teaching them. For some

reason we don't grasp this obvious fact and do it.

I certainly don't wish to close the door on the need for nursery schools and viable day care services. I also wouldn't argue against a school district, if it had the funds, offering a nursery school service or some other kind of schooling below kindergarten if it were carefully done. But I'd also argue that if it weren't carefully done, it could do as much harm as good.

I'm concerned with the day care services around the country and I've been trying to learn a bit about them. I'm surprised at the huge percentage of the preschool-age youngsters that get up in the morning and are delivered to some kind of child care service. Some of them are fortunate enough to be in a high quality, professionally run program, but most of them are literally left off in an *ad hoc* situation where those responsible haven't had even the minimum training they ought to have.

One of the things that would give me the shudders would be if we were to suddenly open our bureaucratic schools—I don't want to be critical of them; I operated a bureaucratic school myself as a principal—without a different approach and a different attitude, a different type of training and background for those who would be providing those services.

I think we need people with quite a different orientation and training than the typical public school teacher has, even the typical primary teacher. I admire these teachers and I think many of them are very, very able. But when you're relating to the very young, the preschool youngster, you're in a situation where you need different training.

So I wouldn't want my message to come across as implying that the [U.S.] Commissioner of Education is advocating that we open a whole host of schools—government-operated nursery schools—in our elementary schools. I just feel that the elementary school can be the home base for the training of parents and that it can be the source for the delivery of services. It can be a place where we can reach out to the child development specialist and others who really know this field and who can provide these services as they ought to be provided.

I hope all of you will lend your voice and support to what I think is one of the most important movements we have in the United States: to improve the quality of life and the living experiences and the quality of services to our tiny citizens, who I believe are really being neglected at the present time.

At the State Level

William Brantley Harvey, lieutenant governor of South Carolina, touched upon the role of state government in general and upon the increasing emphasis on child development programs in his state.

An early and keen observer of American government, Alexis de Tocqueville, in comparing state and federal government in the early years of this nation, said, "The business of the union is incomparably better conducted than that of any individual state. The conduct of the federal government is more fair and more temperate than that of the states. It has more prudence and discretion, its projects are more durable and skillfully combined, its measures are executed with more vigor and consistency."

And despite this early comparison and warning, the emphasis in state government in the 19th Century was all too frequently on limiting and controlling and, in fact, even weakening the power of state governments. Then, in 1933, came almost a culmination of this when, in the depth of the Depression, a strong federal government became dominant in dealing with a growing list of national problems.

The next 40 years, and particularly the last decade, have seen the states become much more important and viable—an active, participating part of our government partnership. This can be largely attributed, I think, to four things: stronger state executives and better organized state administrations, more representative and better-staffed legislatures, the advancement and professionalism of civil servants and progress in intergovernmental cooperation between the states. With regard to the fourth item, I think

that it is so appropriate that we are here today in the spirit of working together and in cooperating and in coordinating our efforts.

In early childhood, I think the states have accepted their responsibility. Certainly, foremost in the issues that face us is early childhood development. We all know not only the positive side, but the terrible negative effect if we fail to meet this tremendous responsibility. We all know what it costs for remedial care. I am told that almost half of the children in our remedial classes are not there because they lack ability, but because they did not have the proper early start. The school dropout, so much a result of not having opportunities in the early years, has a 10 times greater chance of winding up delinquent.

We have three major thrusts to our program in South Carolina. The first is that of strengthening the role of the family and recognizing its fundamental influence in society. Those outside of this work often don't get the message that we are not trying to take children away from the family. We are trying to help families and parents who want the very best for their children—and there is never any doubt in my mind about that. But some of them need help—the help of government agencies, the instruction and the means to better fulfill their responsibilities as parents.

The second thrust is the early detection of health and educational handicaps. We must have early childhood education that is more than custodial. There is so much opportunity for us to detect [handicaps] and meet the needs of children—whether they are physical, mental or emotional—at an early age, to correct these things and to start the child on the right path.

Third, and so important, is laying the foundation for a good education. I have seen what Head Start has done, what kindergarten has done and what early childhood education has done in my state. I would simply say that we need to help the private sector and we need to have a program in the public sector for these preschool youngsters so that they can take their places in the education system.

Those of us in state government—the legislative branch and the executive branch—are fully aware of what we are here to do and to accomplish. We are with you, we support you and we need your advice on how to do it and how to do it well.

Governor Jerry Apodaca of New Mexico also expressed awareness, concern and commitment.

As a former teacher and coach, as well as a parent, I have always valued public education. The only way we can improve the lives of our people is providing access to high-quality, educational opportunities; and there can be no doubt that early childhood education is a very vital ingredient in that concept.

Early childhood education has traveled a long way since the kindergarten concept and it will need further adjustment as time goes on. We are now preparing our children for the 21st Century. We are dealing with a group of youngsters that have needs beyond the kindergarten that served a generation not exposed to the mass media and the rapid communications of today.

Because our society has greater mobility and children have broader exposure to the world around them, they have gone beyond the traditional levels of instruction. Yet, there are constant challenges. Early childhood education for the underprivileged, disadvantaged and handicapped must receive a deep commitment because some children will not be able to profit from what otherwise would be considered regular programs.

We might consider outreach programs to meet these new challenges. The concept of school should not be limited to a physical structure. It seems ludicrous to me to take a child from a poverty-level home, transport him in a brand new bus to a brand new life at school and then, after six hours, return him to poverty.

We in New Mexico have a somewhat unique challenge in the education field. We are blessed with a variation of language and cultural ties. Some have regarded this as a handicap, but let me assure you that, if properly pursued, this cul-

tural diversity can produce a much more creative individual—an individual with a deeper understanding of his fellow human beings.

That is why I have always made education the first public priority in New Mexico and I will continue to do so as governor. I hope and pray that we play our part in making our goals a reality, for we can do no less.

One of the state programs that has achieved national acclaim is the early childhood program in California's department of education. Glenn Davis, associate superintendent of public instruction, described the program at the Albuquerque conference.

I would like to discuss a dream that Wilson Riles [California's superintendent of public instruction] had and that I'm having. I would like to relate how it came about and where we are in our progress.

There are times when I think we've been at it for 30 years, but we've only really completed our first full year of operation. In the beginning, a task force was appointed to review early childhood education in California. They were given six months to do it. The task force came up with a report containing some basic recommendations: (1) to reform education in California because it was inadequate and (2) address the concept of equal educational opportunity. It also recommended that every primary classroom in California be nongraded, that we create local autonomy and that we recreate the partnership between parents and schools. The last task force recommendation was that every parent in California should have an opportunity to enroll his 4-year-old in a program.

In the legislation, the recommendation concerning 4-year-olds was not included. We received national notoriety to the effect that "Wilson Riles was tearing children away from the breasts of their mothers and placing them in institutions that would harm them forever." That was nonsense. But one of our legislators suggested, and I concurred, that we should not place 4-year olds in an environment that was not adequate or appropriate for the children who are already there. We agreed to include 4-year-olds only when the school had demonstrated that it had created an appropriate environment.

Nongraded classrooms were also left out. We wanted each school to design its program from the point of view of "continuous progress"—which means that you attempt to understand a given child and project a learning environment, or a set of learning circumstances, that will take him from point *A* to point *B* regardless of his age.

The task force did not address economics, strategies or content, they just said "reform." On Feb. 7, 1972, Mr. Riles asked me to write the implementation proposal for early childhood education by March 1 so that we could have the legislation package ready by April 2. A proposal committee of seven people was formed, including an economist, a planning strategist, a politician, three people who understood local education agencies and how they function, and myself. In 21 days we had a plan.

We asked for an authorization of $130 per child, and we provided that school-level planning was to be the key factor. The strategy was designed to prod people in the school environment to go through a cerebral process of understanding what they are doing now, why it is inadequate, what they need to do to change it and how they might go about it. We also required that local school planning must involve parents.

In terms of flexibility, we recommended that the state board of education be allowed to waive any section of the education code that was an impediment to a local school program.

We also put in a provision to phase in the plan over time. In other words, if a school system had 100 schools, it would start with 10. Once it proved that it could do it with 10, then it could start on the next 20 and so on. We wanted to demonstrate that we could learn from both successes and failure, but we wanted to reward success.

To ensure that everyone was involved in the process, we stipulated that no monies for this program could be used until the parents had signed an affadavit saying that they had been involved in the

school planning process and were knowledgeable about it.

We also called for a process and product evaluation. Thus, every school gets a printout that gives them our judgment of their design, with criteria they were aware of ahead of time. We also make visits to every school. Two reviewers go out and review the program in motion. They interview parents, teachers, the principal and even the children, so that we not only know the quality of the plan but also the quality of its implementation.

At the end of the year, we have product evaluation through test scores. Because I was convinced that product scores would not be improved during the first year, we designed the evaluation as follows: a good job of implementation was worth 70 points; if the budget matched the program design, it was worth 20 points; and student gains were worth 10 points. In the second year, the numbers changed to 50-10-40; and in the third year it changed to 50 points for implementation and 50 points for student gains.

During the program's first year, 172,000 children were involved—130,000 of those children were in Title I-type schools. In reading, the greatest gain we've ever recorded for these children—without dollars—was seven months for one year of instruction, a systematic loss of three months every year. Even with Title I dollars, the best we had was one year of growth for one year of instruction. In the first year of the early childhood program we exceeded one for one in every category; we had a high in reading at the second-grade level of 1.4 and a high of 1.6 in math.

Our program is not perfect by any stretch of the imagination. But we are attempting to approach public policy from the point of view of providing criteria for excellence, and to reward the system and add the next set of schools when those criteria are met.

The whole concept goes back to the idea that you can't solve people's problems for them. You have to develop a process at the level where people can buy into the emotional commitments; where they have a chance to make decisions about what they do. When you do that, your chances of being successful are far greater than when you try to give them a solution.